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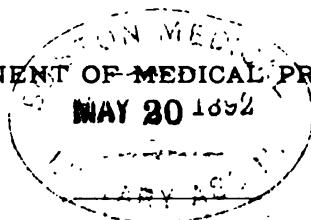
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THE AMERICAN HOMŒOPATHIST

AN EXPONENT OF MEDICAL PROGRESS.



VOLUME XVII.

1891.

EDITOR:
FRANK KRAFT, M.D.

NEW YORK:
A. L. CHATTERTON & CO.

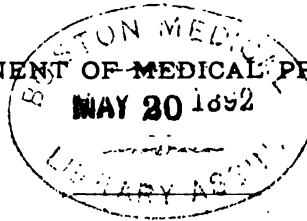
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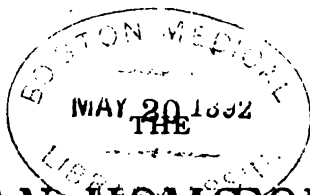
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AMERICAN HOMŒOPATHIST.

VOL. XVII. NEW YORK, JANUARY 1, 1891. No. 1.

FRANK KRAFT, M.D., EDITOR.

THE AMERICAN HOMŒOPATHIST has no "pets." Not a line has ever been written editorially that had not in constant view the good of the profession of medicine in general, and of homœopathy in particular. No personal axe has ever been ground in its columns. It has fearlessly hewn to the line, and the falling chips have sometimes overwhelmed an improper measure or teaching, causing its advocate to cry out against personal journalism, and to charge the editor with having "pets"; "pets" to uphold, and "pets" to decry. But a careful reading, in an impartial way, will clearly demonstrate that the editor, so far from gaining much prestige, or the regard and good will of prominent men in the rank, by speaking of them deferentially, if not with "fulsome laudation," when their literary or professional output was below par, has made many enemies by his impolicy. Yet he believes that the good of the profession at large has been, though possibly only mediately, advanced nevertheless, by his championship of true homœopathy and its advocates, and his condemnation of all others.

* * *

NO reader of these pages can justly allege that we ever gave our influence to an unhomœopathic measure. Our pen has been and will continue to be in the service of every man and woman who writes, talks, and practices homœopathy; and, *per contra*, it will mercilessly flay any measure or principle advocating a surrender of our distinctive *sectarian* name, or proposing a compromise with the enemy. THE AMERICAN HOMŒOPATHIST is the friend and ally of the homœopathist everywhere and at all times. It does not permit a life-long personal friendship of its editor to stand in the way of exact justice. Just first, then merciful. It is the friend of its friends only so far as that friendship conduces to the welfare of the cause of our school. It never deals in malice. Its whip is for improper or willfully wrong tenets—tenets subversive of our Law; never for the man; or if the man must share in the flagellation, he is probably inseparable from his act, as the innocent dove was caught in the net spread by the fowler for birds of prey.

* * *

IN a recent letter to our publishers a correspondent complains that THE AMERICAN HOMŒOPATHIST is not liberal. Now, what may we understand by "liberal"? That we are too much or too little homœopathic? That we will not condone a willful misteaching of the

Law of Cure ; or that we continue to believe, despite the scientific craze sweeping over our land like a plague, that homœopathy is sufficient to cure all curable cases? If the latter, then truly are we culpable, and glad to be so offending. The New York *Medical Times*, with the courage of its convictions, dares to be eclectic in the best sense of that much abused word ; that is doubtlessly a sterling definition of being liberal. There is nothing to be liberal about in homœopathy, any more than there is about the multiplication table, the law of gravitation, or any other fundamental law. The law of cure is or is not. If it is, what is it? It is a law of nature, hence, not amenable to the laws of man ; and, hence, further, not to be modified or qualified. Where, then, is there scope for the editor to be liberal or illiberal? THE AMERICAN HOMŒOPATHIST professes to be a homœopathic journal, *i.e.* a journal of homœopathy. What kind of homœopathy? There is but one kind, it is the gift of Hahnemann. The fountain cannot rise higher than its source. If we publish the best and truest of homœopathic news as it is given us to see it, as we believe it is taught by our First Great Teacher, does that constitute us illiberal? We suspect that the charge of illiberality means that we do not advocate alternation, external and local applications, old-school treatment and medication, hypodermic injecta, quinine, morphine, and ergot. Being homœopathic, how could we? Therefore, we are not liberal. When we discover that our editorial mind takes on this "liberal" trend, then our place will be made vacant and not know us again, or we will take down the "Homœopathist," and substitute "Liberalist."

* * *

S. O. I. L POTTER, who is amusing himself and his select coterie of admirers with his diatribes on MODERN HOMŒOPATHY, has unfortunately, though accidentally, many points in his quiver capable of wounding some of the exponents of our system of practice. A tree is known by its fruit. It is a painful reflection, or, if not so bad as that, certainly not one to be overly proud of, that so many acknowledged leaders in our school are vulnerable targets to the venomous shafts of this renegade archer. His quotations from the writings and sayings of some of our best men, and excerpts from the editorial columns of nearly all our journals now existent or of the recent past, but emphasizes the aphorism that what is written is written and can never again be recalled ; and, further, that the young doctor cannot exercise too great a caution in parading his immature ideas and projects ; for surely they will rise against him in judgment, some day. This apostate apostle of homœopathy—such as he understood it—is possessed of a congenital willingness to delve among the garbage of a past and almost forgotten generation or two, and dig up and hold to the public eye and nostril the reeking, malodorous bones of those early times. He is industriously bringing to view the sins of our youth and early manhood ; sins of which we have times out of number repented in sackcloth and ashes ; sins committed in ignorance of the consequences—in blissful ignorance that one of our participants would turn State's evidence, that a Judas Iscariot would one day—in advance, of course, of his own unnatural taking-off—parade to our children and children's children, those early indiscretions as evidence not only of what we then were, but what, notwithstanding our remorse and penance, our many years of

better counsel and proper behavior, we still continue to be. The implacable hatred of this Benedict Arnold makes him blind to the universally acknowledged fact that there is hope for a tree, if it be cut down, that it will sprout again; that a man who was foolishly headstrong in his youth, may and usually does become staid and sober as he passes the middle milestone of life, and exemplary in advanced age; that a homœopathic doctor who gave quinine in 15 grain doses when he was twenty-five years old and boasted of it, to-day doesn't use one grain in a year of Sundays. Even Hahnemann would fall under this malign influence, for in his early manhood he was an allopath, gave heroic doses, drew blood, and used setons; but by some oversight potter neglected to quote this instance to prove Hahnemann derelict to his own after knowledge.

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* *

WHAT is this turncoat endeavoring to establish, anyway? That bryonia given on bryonia symptoms will not remove those symptoms, exactly as Hahnemann and thousands of homœopaths have proved thousands upon thousands of times it will do? That the Law of Cure as promulgated by Hahnemann is false? That all reported cures by pure homœopathy are the results of faith and imagination? Is it these, or either of these? No. He attacks the individual members of the profession, quotes their homœopathic idiosyncrasies, ridicules their practice, and waxes merry over their peculiarities. But homœopathy, modern or antique, present or past, he very wisely does not molest. He is shrewd enough to know that he dare not attack a natural law; as well might he run his addled pate against the rock of Gibraltar, and hope to move it from its base. He is strong in this, that the world at large, the great non-medical mass of people, is very prone to judge of a school by its output; and if the doctors are ignorant of the best teaching of homœopathy as advocated by Hahnemann, and yet continue to style themselves homœopaths, it goes almost without saying that the school itself will be judged faulty and inconsistent. Among other lessons to be gathered from this Occidental penman's garbage-barrel criticism is this, that it were wise to lay aside and discountenance much that goes current in the school to-day under the name of homœopathy; to stop running after the flesh-pots of allopathy; and to devote ourselves more earnestly to that Law of Cure which we all believe, from tradition, if not from knowledge, but of which some of us lose sight in the struggle to be all-around physicians instead of sectarians (we use the word advisedly). See how this eminent light in the old school views the *gradual* coming over to *his* standard of morality and medicine of many of our present practitioners. Better forsake these strange idols and revert to the true worship.

*
* *

IS it not possible that much of the obloquy heaped upon and seemingly inseparable from pure homœopathy could be promptly and effectively removed if our system of practice was really understood, not alone by the laity, but more especially by the profession of medicine itself? If the profession would cease scoffing at what it does not understand; if, instead, it would patiently investigate the policy and genius of our system of medicine, in place of belittling and deriding the

work of its foremost thinkers, there would be very much less of the flippant infidelity with which the student now comes from his preceptor's hands—a skepticism oftentimes continuing with him throughout his entire college course and entering with him upon his practice. Of course in his case homœopathy is a failure, for he never understood it; he doesn't understand the first principles—the most elementary of propositions of the Organon. Homœopathy is not allopathy with a little water added; neither is it eclecticism under its later name of scientific or liberal medicine. Homœopathy cannot be added to nor taken from. It is an immutable law. But if it be thoroughly understood, and practiced in conformity with the rules laid down by Hahnemann, it will never bring its practitioner to shame, nor leave him in the lurch.

* *

“HE is a high potency man,—in short, a visionary, an enthusiast,—unsafe to tie in practical matters.” How often has this been heard, and how many more times yet will it be repeated, until the speakers learn first of all, that they themselves know absolutely nothing of the genius of homœopathy. Very true, indeed, is it that a high potency will be of little or of no avail when a prescription is based on a pathological examination and diagnosis, and not upon the therapeutical indications. So neither, for that matter, will the low potency, however low. But given the absolute therapeutical indices—the totality of symptoms, say, of lycopodium, as Hahnemann directed the case should be taken, will any one deny the efficacy of a high potency of lycopodium in the treatment and cure of those symptoms? Thus, for example, a family physician addressing the consultant says: “This patient is extremely bilious; she is full of malaria; her stools show a pronounced acid condition of the intestinal tube; there are nervous, reflex symptoms about the chest and head which have their origin in the solar plexus; the urine shows thus and so in the matter of sediment and composition; its weight is so many numbers above or below +; tongue coated; headache; considerable inward fever; nondescript chills; pain in the liver,” etc., etc., *ad infinitum*. “Now, Doctor, you have the case before you; you see it is a grave one, and one in which a high potency will not work, for I have tried the more powerful lower ones; so do not try any of the higher dilutions; I have no confidence in them and I know they will not work.” Of course, they would not. Had this family physician, however, give a *homœopathic* résumé of the symptoms, he would very quickly discover that a high potency is as effective as the low. This is the inherent difficulty. As Editor STORKE says the shield had a red side and a blue side. One Sir Knight viewed it one way and was positive; the other viewed it differently and was equally positive. Both were right. Both were wrong. The low potency man sees the picture only from his side; the high-potency from his. Both are right, and both wrong. If, now, they would unite their varied experiences and calmly view the picture from the middle ground, the Organon, they would find no difficulty in believing each other. It is the extremes which antagonize.

* *

THE Organon will explain away all doubts and misgivings. But that book is not known to-day, or, if known, not heeded, by one doctor in one hundred. The scientific materialistic wave has swept over our colleges and our preceptors. The *Medical Record* finds

many subscribers in our school; subscribers who openly avow they can get much more information from its pages than they can from the endless plodding over the dry-as-dust *materia medica* articles of their own school journals. And it is apparently so much easier to use a hypodermic syringe, morphine, quinine, and ergot than to study the simple teachings of homœopathy, that our students, not having been properly grounded in the faith, turn with avidity from the ponderous lines of the unexplained and not understood *Organon*, to the skeptical, materialistic, worldly-wise old school, with its appeal to the grosser senses. But is this homœopathy? It certainly is not. It passes for such, to be sure. It was that kind of homœopathy which Sol the potter learned and practiced and now, justly enough, ridicules. Hahnemann never taught that. Neither did Bönninghausen, Dunham, Hering, nor Farrington. Nor does Timothy Field Allen, or Cowperthwaite, Reed, Henry C. Allen, the Wesselhoefts, Mohr, or Father Lilienthal teach it. No master of the *materia medica*, and familiar with the basic law of the *Organon*, derides potencies. Who does? Why, the scientific homœopath, who is more interested in Koch's bacillæ and lymph than in the study of *materia medica*; who is ready to make every experiment suggested by any pretender here or elsewhere; or by any *savant* at home or abroad. He is ever ready to make experiments, forgetting that Hahnemann has already done all the experimenting necessary for the cure of the curables. These are the men who pretend to deride potencies, yet believe in the efficacy of the infinitesimal when injected by Koch, or Brown-Sequard; these are the practitioners who invested promptly in Bergeon's hydrogen-gas scheme; who will believe everything that is afar off and labeled "scientific," but resolutely close their eyes to the truth lying at their doors, plain and simple, easy to understand and easy to apply, but, unluckily, labeled "homœopathy."

* * *

HOW many homœopathic physicians to-day, if put upon examination and questioned, could tell how diseases get well—could tell whether the medicine they gave was operative or failing of effect, and why? How many know the great golden aphorism not to repeat a remedy that is manifestly hastening a cure? How many can recognize a medicinal disease, an aggravation from the medicine given, and be enabled to separate it from new symptoms rising in the course of treatment? How many could diagnose a suppressed disease—a metastasis of gonorrhœa, for instance, from an attack of acute rheumatism; and if they could do this, how great would be the number capable of reversing the metastasis, reproducing the old gonorrhœa, and curing the patient? How many could step in at the eleventh hour, following an old school diagnosis of cancer of the stomach, with prognosed fatal issue within ten days, courageously ignore the cancer diagnosis, address himself only to the patient's symptoms, give the indicated remedy, and cure the patient—not of cancer, of course—but of the disease which was producing the totality of symptoms resembling cancer of the stomach—so that the patient rose in ten days and has continued well ever since.* How many have the moral courage, if they possess the knowledge, not to give *some* medicine, if the properly indicated one is not known, or not

* An actual happening within the editor's knowledge.

at hand, rather than give a few doses of prescription powder, and make sure before going ahead? Why would the properly answering homœopathic physicians be in the embarrassing minority.

* * *

SIMPLY because the majority of preceptors, and a goodly number of our colleges, give the medical student rarely anything but the dry and tasteless 1752 isolated, contradictory, and unintelligible symptoms of each homœopathic remedy, instead of teaching him that there is something in homœopathy above and beyond symptom-covering, the small dose, and dilute-allopathy. The cure for this is KNOWLEDGE. Instruct your students in the Organon, gentlemen of the profession; do not put Gray into their hands until they have read and understand the Organon. As Prof. Walton says: Do not make a post-graduate course of the Organon—in effect putting the cart before the horse. Instruct your students to bring receptive minds to the lecture room. Instruct them *not* to resist information which may be new to them, but to endeavor to understand and assimilate it. Instruct them that the prime object of their attendance at college is not to flout their agnosticism in the teeth of their Professors, but the rather to listen to what, even to yourselves, may be new, and thereby become better doctors because better homœopaths. Then the question of potency would very soon cease to be the stumbling-block; then the junior would cease to smile in contempt when the Organon is spoken of; and when he had finished as senior, he would be in possession of knowledge which his preceptor never had, and which no law, written or unwritten, obliges him to use. But knowledge would speedily arrest his skepticism, and he would accord to others a little meed of success even if they used the high potency, for

Fools rush in
Where angels fear to tread.

THE OPEN COURT.

—What is a homœopathic physician? *Med. Era.* Pshaw, that's easy enough. A homœopathic physician is a man who has never read the Organon, who gives two or three remedies in alternation, who uses quinine for chills, ergot for post-partum hæmorrhage, hypodermic injections of morphine to quiet pain, who believes in being liberal and dropping all sectarian designation. The other fellows, those who obey the law—oh, they're just simply "cranks," faith-curers, hypnotists, spiritualists. *We* are the people.

—Dr. Josephus Craft, of Cleveland, claims to have discovered the composition of Koch's lymph; but whether he has or not he has discovered a good and cheap way of getting a column notice in one of the daily papers; he advertises without danger of the Code of Ethics laying him by the heels.

—We regret to learn of the withdrawal of our good friend Dr. D. A.

McLachlan from the *Era*, and thus stepping completely out of journalism. The *Era* has always been a first-class medical journal and will doubtlessly continue so. But so also was the *Counselor* while Bro. McLachlan had it solely in charge. As we said upon a former occasion, editorially, the profession of homœopathy has not a single pen too many; it has an over-supply of liberal and scientific writers; but of true homœopathic writers such as McLachlan was, it has none to spare. May he soon see his way back to the editorial tripod. '

—F. A. Davis, medical publisher and bookseller, No. 1231 Filbert street, Philadelphia, has published a most useful book which he calls "The Physician's All-Requisite Account Book," in which he combines every requisite for a busy practitioner's account keeping. It is a marvel of ingenuity and compactness and answers the first great necessity of being a book of original entry as well as a ledger.

—Dr. T. P. Wilson has been quite ill at his brother's in Cleveland with pneumonia and sciatica. He was very much better at last accounts. Dr. Wilson has been giving the Old College a series of lectures on physiology which recall some of the work of his earlier days. He is located at 106 Euclid Avenue. Eye and ear diseases only.

—*The College Argus* is on our table in a brand new cover and new get-up all through. It is the organ, as formerly, of the Cleveland Homœopathic Hospital College; but it has ceased to be an amateur journal and has become one of the best of—sir? All right, if you think so. Yes, we are also editor of the *Argus*.

HYDRASTIS VS. PHTHISIS.

By A. JUDSON PALMER, M.D.

ABOUT one hundred years ago William Cullen defined phthisis as "an expectoration of pus or purulent matter from the lungs, attended with a hectic fever." Later, the tubercle was discovered, and it was found that this tubercle contained a virus. In the year 1882 the tubercle bacillus was discovered by Koch. It is now generally conceded that tuberculosis, whether of the lungs or other tissues, is coincident with the presence of these microphytes. The important consideration, then, is how to exterminate these pathognomonic germs, or prevent the putrefactive process which they induce.

I have used hydrastis in my practice for the past thirty years as a local application to inflamed mucous surfaces, and noting its efficiency, especially in inflammatory conditions of the pharynx, it occurred to me that it might be equally efficacious in the treatment of bronchitis if it were possible to apply it directly to the inflamed membrane. Accord-

ingly, about four years ago, to accomplish this I administered it by inhalation in the form of a vapor, freed from spray, and thus secured its deposit where required. The result was very satisfactory. I then used it in a case of bronchitis complicated with chronic hepatization, due to incomplete restoration from an attack of pneumonia which had occurred two months previously. I was surprised to find that not only the bronchitis, but also the pneumonic deposit disappeared. I then determined to test its virtue in phthisis. I have now been using it in the different stages of this disease over three years, and I think the result of my experience justifies me in asserting that in it I have found a remedy of remarkable efficacy in the treatment of phthisis, if properly and perseveringly used ; and that the majority of cases, while in the early stages, can thus be restored to a condition of apparent health.

Precisely in what manner its extraordinary influence is exerted is a question upon which opinions may differ, but I have demonstrated to my own satisfaction that in some way it has a decidedly specific action upon this disease.

During the first month of treatment the night-sweats usually disappear, and the cough and expectoration is greatly diminished ; the patient has a better appetite, better digestion, and gains in strength.

In cases advanced so far as to be incurable, the patients are so much relieved that they regard the remedy as indispensable to their comfort. Its hæmostatic properties render it of great value as a preventive of hæmorrhage.

I obtain the best results by using it in combination with chloride of sodium, one part of the fluid extract of hydrastia can. to three parts of a saturated solution of the salt.

The fact that I use it in conjunction with salt may lead to the supposition that salt is the principal agent in effecting the cure ; but I have obtained the same results by using it mixed with glycerine and water.

The volume of vapor should be moderate at first and gradually increased from day to day as the patient becomes accustomed to its use, after which I advise deep inspirations to insure the entrance of the vapor to the remote air cells. When patients are taking the inhalations at their homes, the physician should visit them sufficiently often to watch the effect of the treatment and to advise in regard to the strength of medicine and the volume of vapor.

In most cases I continue the inhalations once or twice daily until I observe a decided improvement, after which I regulate the frequency according to circumstances.

Care, of course, should be taken to place the patient under as favorable hygienic conditions as possible.

HINTS AND SUGGESTIONS TO YOUNG PHYSICIANS.*

By H. E. BEEBE, M.D.

WHAT will be my lot in this crowded profession, and will I fulfill my calling creditably? are questions you have all asked yourselves.

There are over one hundred thousand practitioners of medicine in the United States,—one to every six hundred inhabitants, and doctors are increasing three times as fast as the population. No other country in the world has so many doctors in proportion to its inhabitants. With all this growing procession, the ladder has not been removed from the top and there is a continuous demand to go higher; you may be able to reach the summit.

The practice of medicine has in it essential elements of success. You and I may not possess these elements, or we may not be fitted to manipulate good talents to a prosperous termination in the profession of our choice, while in some other calling eminence might be attained.

There are requirements common to all kinds of business and professions; and there are special elements of success to each pursuit in life. These are questions that should be well weighed before undertaking any lifelong calling. The profession of medicine is no exception.

There are failures in all professions; those who would have made a grand success at something else, but in choosing made the greatest mistake of their lives. If they counseled any one regarding the venture, the counsel's judgment was as poor as their own. The place to block the game is at the very entrance to the profession. There is no other place in life where Davy Crockett's words are more appropriate: "Be sure you are right; then go ahead."

After you are established in practice you will have appeals from persons desirous to study medicine. Consider the case thoroughly, and if after a rigid catechizing you deem the person worthy and sincere, and are satisfied the desire is not a mere fancy, admit the young embryo to your office and charge on trial, giving him or her a period of probation of three to six months' time. (I am not a Methodist, but my wife is.) Have an explicit understanding that you are to decide as to the fitness for this work. If your decision is adverse to the continuing of medical studies, young Medicus should thank you for your frankness and seek another calling.

The preceptor's office is the portal to the profession. Our colleges are censured sometimes for turning out poor doctors, when the actual fault is the profession has brought in poor timber, the real source of

* An address delivered before the Hahnemann Society of the Cleveland Homœopathic Hospital College, December 18, 1890.

supply. You have it in your future power to raise the standing of the profession, not only by your own works, but by the quality of the students you send to our colleges.

I believe I have had fair success in some directions, while failing in others, and that I have profited as much from my failures, mistakes, and blunders as from my primary success. This is generally the case, providing we are the ones to see the mistakes. It is not always flattering for others to see them first, more especially the coroner.

I am not a believer in the doctrine that what is to be will be, if it never comes to pass, for I think I might do better all around if privileged to retrace my work.

After entering the field of actual practice you will find the difference between theory and practice greater than you anticipated. Here it is only possible for you to get the science and principles of practice, the classification of medical knowledge, let the clinical advantages be never so good. The art or application of this knowledge you can only get afterward from actual work. There is a something that you must acquire, a something you must teach yourself ; others cannot teach it to you.

There are two ways of getting knowledge on all subjects : that which we learn from others, either as teachers or from books, and that we learn from ourselves ; the latter by far the more valuable to us. Second-hand articles are never as good as the new. Unless you possess the quality of teaching yourself, you are a failure. How often we see persons who are walking encyclopædias of learning, but when it comes to original ideas they have so few that they are more than failures and deserve pity. They are only models after others, they have so little individuality. After all, it is our individuality that stations us in life, let it be professional or otherwise.

While establishing a practice, the public eye will first ask what kind of a person you are, before asking what professional skill you possess. There is nothing the people know so little about as their own physical organization, either in health or disease. Just think of it, this government has spent more money for the purpose of investigating the diseases of hogs, than the diseases that affect mankind. The business man can tell you much more about his horse than about himself. By reason of this ignorance, you will soon learn that the laity are far from being competent judges of the physician's mental caliber.

The social qualities and ability of handling people, I am sorry to say, have more influence than brain knowledge of disease and medicine in controlling a practice. You must first learn the tact of handling human nature, before you can handle patients successfully.

It is said practice is a field in which tact is the fertilizer. If you have the tact and a liking for the profession, together with industrious habits, self-reliance, and a determination to succeed, the battle is half won.

Self-reliance does not consist of bigotry and conceit, but it does consist of work. "The door to success is always marked 'Push.'" In any business do not always be waiting for something to turn up, but turn something up. You can do this legitimately, without soliciting business.

When you enter practice you had better start alone, or, if you should conclude to form a partnership with an established physician, continue it only a year or two, for you will soon learn to depend too much on the senior member of the firm and the patient, seeing this, will also. This position does not tend to cultivate that self-reliance that is essential. What men sometimes call genius is simply the result of hard, earnest work and an unbounded determination to accomplish the object sought.

Last summer I spent a little time with the famous English surgeon Whitehead, of Manchester, England. I had learned to admire him from his writings and his being an original investigator. One day while going through the large Manchester City Hospital, he pointed to a place on the stair railing that, he said, he never passed without reminding himself of the following incident :

Thirty years ago he was a young merchant of Manchester. One day he went to the hospital, as a layman, to see some surgical work. At the first sight of blood he became sick, went out into the hall, leaned on the banister until revived, and then returned to the operating room. The second operation was an amputation. He remained all right until the saw struck the bone, then he returned to the stair railing. During the third operation he was all right and left the hospital with the firm, determined resolution that he would be a surgeon, and not only that, but a surgeon to this hospital. Fifteen years passed before there was a vacancy on the surgical staff, but when it did come, Surgeon Whitehead, not then Whitehead the merchant, received the appointment. He is their leading surgical counsel to-day ; besides he has a private surgical hospital of his own. This was work, not genius. I told him he would do for an American. He is an exceedingly agreeable gentleman.

The physician and surgeon should manifest a cheerful, confident demeanor. Laughter is the poor man's plaster. Cheerfulness is a great promoter of health, yet many persons are, from temperament, morbid and melancholy. The sour, disgruntled person, with a lack of confidence in himself and humanity in general, cannot well succeed in anything, let alone the practice of medicine.

A doctor should never have dyspepsia. The disease belongs to literary men, and they ought not to have it. Patience is necessary with patients. For this reason, Job is considered the first doctor.

Do not desire to get into a large practice hurriedly. Success that is worth anything must be waited for patiently, must be earned before it is won. Wisdom is experienced knowledge. A practice quickly

acquired is seldom retained, unless the practitioner possess exceptional merit, as permanent success is slowly attained. There is an old French proverb : "Patience is bitter, but its fruit is sweet."

Some find it easier to get a practice than to hold it. They may have the merit but lack the great essential tact to please their patrons. "When the young doctor gets his first patient, his friends are glad for the doctor but sorry for the patient."

Those who call on the new doctor are generally fickle, uncertain quantities, or persons who have some old chronic trouble and have tried all the other doctors in the town. Beware of the first class ! They will flatter you unceasingly until your bill is presented, then they belong to a class that often think it is cheaper to move than pay rent.

With your first patients you must make an early and deservedly good impression, or they will soon leave you. One of the hardest things to do in anything is to live up to an undeserved reputation. True merit is more likely to retain a foothold in any undertaking than false. Quackery is a synonym for ignorance.

Never boast of the amount of business you are doing. Doctors are great prevaricators when it comes to the amount of business done. Remember that real business is based upon the amount of real cash taken in and not the amount of work done.

There is more in the quality than quantity of business, and I am glad to be able to say homœopaths usually get the best quality of practice. Ignorant, illiterate people have little use for the homœopathic physician. They want something that tastes, something by which they know they are taking medicine. They are materialists.

Never boast of a large obstretical practice, nor of an extensive night practice, for the physician who has either has a poor quality of practice. Remember, a poor man for babies, and the wealthiest class are generally past the child-bearing age.

Those who call on you at night, as a rule, are persons unduly alarmed, or those who are not intelligent enough to judge of the severity of the case, for night calls are not often necessary. Another class who call you at night are those who do not intend to pay you for your services ; knowing fees are extra for night calls, would call you during the day if they intended to remunerate you.

In your early practice you will have more night work than afterward, when your patrons have full confidence in your skill, and they can wait contentedly until daylight, if you have been there and left instructions.

Do not court the county nor township practice. It brings to your office a class that is far from desirable, and your family practice is rated accordingly.

While you will have all classes to deal with, you must learn to manage

each according to their views. There is no stereotyped rule to guide you, except your knowledge of people.

When you enter the sick room you are there as an expert, and it is not necessary for you to tell all you know, only as you are asked ; then it is often best to keep as much as possible to yourself.

Words are like leaves, and where they most abound,
Much fruit of sense beneath is rarely found.

Do not antagonize the patient's or other peoples' opinions of the case too soon. Solicited advice is not so different in sickness from other places where people too often want their own opinions strengthened. You may know at sight they are wrong, but it may take a little time to convince them of their wrong ideas. Here is where an ounce of silence is worth a pound of explanation.

It is useless to try to prove to the good old women who have raised so many babies, that from the infant's birth till three months old all its troubles are not colic ; from that age till two years old it is not its teeth ; from this time until the child is grown that it is not worms. So let them think it if they want to ; you can have your own opinion.

Let me say right here regarding prognostications, if you are not positively certain, always guard your prognosis and never appear too anxious, however great your anxiety may be. Have few confidants among your clients. Keep your own counsel. A prophetic nature is unprofitable. It is not always prudent to say what you think. It requires as much good judgment to know when to keep quiet as when to talk, or what to say..

"If you prophesy wrong, nobody will forget it ; if you prophesy right, nobody will remember it." Recollect this, especially in surgical practice, or you may find this out when it is too late.

The preliminary stage of a medical student's life is his preparatory education. I believe this was the first medical college in this country to take cognizance of this fact. While it is not always the classical student that wins in practice, a good preparatory education is no detriment in any calling. In a medical college the advantages are apparent, and no less so when you enter the real practical part of the profession, which begins at the day you leave your Alma Mater, and continues until usefulness ceases.

The more thorough the college course, the better the practitioner. Statistics show that doctors who spend four years in their medical studies meet with greater success in business than short term graduates.

Your college life being but a preparatory course for your actual life work, how very important that you waste no time here. In this place you can only learn how others do. Your professors give you the leading ideas of themselves and leading authors. This is all they can do. They impart knowledge, and you receive it to put into actual practice.

While the knowledge you get here is valuable to you in entering practice, you must forget it as soon as you can if you succeed. Forget their way of doing things, have a way of your own. I hope you understand me. In studying up a case, or in writing an article for publication, read up everything you can on the subject, then forget it as soon as you can and follow your own method of prescribing for the case, or writing the article. Do not go at it at random, but have a systematic way of doing it.

You will find many patients where you are at a total loss what to do, but you can always give them some good hygienic rules, and if an acute case, give aconite; if a chronic case give sac lac., or sulphur, and go home and read up the case and be prepared for the next visit.

In your college work take no more notes than are actually necessary to refresh your memory on leading topics; impress them upon your memory at the time imparted, and do not expect to note it and learn it afterward. You have no time for that, life is too short.

When I meet a physician, I care not how old he is, who is frequently referring to how Professor So-and-so did when he was in college, or how his preceptor did, I know he is not a first-class success in the profession. I tell my students, when they enter practice, never to let me hear of their saying "my preceptor did this or that. Say I do it this way or that way."

Do you know that often our very best teachers and authors are the poorest practitioners? They can impart knowledge, but can't apply it. The very best acknowledged clinical teacher and lecturer in our school to-day, has always made a total failure when he entered the field of actual practice. The two most popular authors, whose books have had the largest demand, are failures as first-class practitioners.

Eighteen years ago, when I left this college, I thought, if I can ever practice half as well as these professors I will be well satisfied. Now, I am just conceited enough to think, while I never could teach medicine, I can practice it as well as any of them.

You have a corps of teachers as good as any in the land, yet in a few years, when you grow to them as you should and I trust will, you will not look upon their ability as now, for you too, in the race, will have run alongside of them, if not ahead. If you do gain, consider beforehand you will be called a crank, for in every calling the man who runs ahead of you, and does needed good before you get there, is bound to be called a fanatic, and the man who gets left will call him so.

Humanity is fearfully and wonderfully selfish. Selfishness is the greatest curse the world possesses. Now, a certain amount is necessary for self-preservation, but most of us have too much. The members of our profession are no exception.

I sometimes think them more selfish than other people. How doc-

tors do quarrel. You will seldom see harmony in the profession in any community. If it be a village with but two doctors, they are apt to not be on affiliating terms, or if there is but one doctor he will quarrel with the doctor in the next town. I have always tried to guard against this spirit of enmity, but with all my utmost efforts it will crop out occasionally. This fault is not confined to the different schools of practice, but to members of the same school. It goes with the profession.

How foolish it is to speak ill of your neighbor, even if he has said ill of you. Who will it benefit? Nobody. Who will it injure? Both of you, yourself as much as him. There is no better way to conquer persons who speak ill of you, like speaking well of them, or letting them silently alone.

The day is almost past when homœopaths are universally called cranks, impostors, and charlatans. We are now merely narrow-minded enthusiasts. The greatest fault we possess is trading on a name, and we are to be pitied; if we will only drop the name we are all right. *Now, this I hope you will never do.*

Many of the old school are sincere in this belief; I wish I could say all. We are respected by them more than formerly because of our numbers and influence. We are letting each other alone, taking care of ourselves. I understand an eminent professor in one of the other colleges in this city said, not long since, to his graduating class: "Gentlemen, when the homœopaths of Cleveland can go over this city and ring more silver door-bells than we can, it is high time for us to keep quiet." Now this is the sentiment of the better portion of the profession in all schools. I only trust you will govern yourselves accordingly.

(To be concluded.)

MATERIA MEDICA.*

By F. H. HURON, M.D.

WOOD says, "If there be one branch of medicine more than another that is a bugbear to medical students, it is materia medica. The facts of this branch of knowledge, for it is not a science, constitute an immense mass of disjointed, disconnected information. Heap upon heap to be swallowed, digested, formed into the brain tissue of the unfortunate student for use on examination day, most of it to be ejected the next week upon the ever-growing waste heap of useless knowledge, very little of it having any practical importance to its possessor in after-life."

* Read at the twenty-fourth annual session of the Indiana Institute of Homœopathy, May 15, 1890.

Gentlemen, the easiest thing in this world is to find fault ! And many people find it to be their most pleasant pastime, and often it is recognized as the only path of duty ; and when the path of duty, and of pleasantness, and of ease are all the same, it seems there should be no question as to what should be done.

I fear, however, to write in this strain with regard to our materia medica, lest I be charged with plagiarism in every line, and lest I be compelled to acknowledge that the charge is true. When I first began the study of materia medica I became bewildered with the great mass of symptoms which were common to so many remedies, and also common to conditions of both disease and health, and for which I have *never yet been called upon to prescribe !*

When Hering's "Condensed Materia Medica," was announced, I ordered a copy at once, thinking that Constantine Hering would, in a Condensed Materia Medica, leave out this superfluous stuff, but you who have bought and studied his book have found in it not only great numbers of symptoms for which a physician is never called upon to prescribe, and which are given in common, or at least with no tangible variations, for each of a number of remedies ; and, many times conflicting symptoms given for the same remedy, without any explanations as to primary and secondary symptoms, or as to those which were the direct or the reflex action of drugs, the same kind of type being used for symptoms which were characteristic and for those which were so common to a number of remedies as to be utterly worthless in making a prescription, and so common to a number of diseases as to do us no good in diagnosis, and which might belong to either a *slight*, or *severe* attack, and therefore could help us none in prognosis ; their only use seeming to be to bewilder the reader, and make him feel that the man who could master all of that and make that book must be a wonderful man !

There are other text books of materia medica to which the same criticism applies, and yet others to which it does not apply, for they have, by the use of italics or other marks, set for certain symptoms as characteristics, or as of more value than certain other symptoms, and yet they arrange all symptoms according to anatomical divisions, which make the book easy as a repertory, but difficult or impossible as a source from which to derive a picture of any diseased condition.

I have subscribed for the "Cyclopædia of Drug Pathogenesis" issued by the "British Homœopathic Society, and the American Institute of Homœopathy," and have received eleven *parts*.

I subscribed for it after reading the prospectus, thinking it would be just what I wanted. It seems to give the true pathogenesis of each drug, giving the symptoms in the order in which they were developed in each proving, without regard to anatomical divisions, but there are no marks

to distinguish symptoms or conditions which the drug produced in every instance from those produced in only one case, and which therefore might have been from other causes; and the only way in which the "busy practitioner" can decide which are *characteristic* symptoms and which are occasional, exceptional, or incidental, is to read through all the provings of the drug as given and decide for himself, which he sometimes cannot do.

Now it seems to me that any physician who tries to prescribe for each case as he finds it—and all homœopathic physicians are supposed to do that—will naturally hold all the symptoms elicited from the patient, as a picture before his mind, and will just as naturally turn his mind to the *materia medica* for a *similar* picture in the pathogenesis of some drug. That being admitted, the ideal *materia medica* should be a picture gallery, as it were, of drug pathogenesis. Not merely a history and description, though that is needful, but a picture of all the symptoms during the first stage of drug action, and a series of pictures of each succeeding stage, that we may be thoroughly furnished, during any stage of disease, with a corresponding picture of the remedy.

And in those drug pictures, each symptom should be marked as characteristic which was uniformly recorded by all the provers, and other symptoms given such prominence as they would seem entitled to according to the unanimity with which they were noticed in the provings.

This seems to me to be the most rational method by which we may all become accurate prescribers.

Although a good detective will read carefully every description of the rogue he is after, yet there is nothing helps him so much in making the right arrest in a crowded street as to have carefully studied the photograph of the man he is after. If he has not seen the picture, the descriptions which he has read may resemble so many other men that he is very liable to make a mistake. And so with us. If we depend on the general descriptions given us of the action of drugs by the different provers, we will become so bewildered with the similarity of many remedies as to often make the wrong selection; but if we have carefully studied the picture of the characteristic indications for each drug, we need make no mistakes. We, all of us, have such pictures of some drugs, and when *they* are indicated we make a correct prescription, every time. And if some enterprising and conscientious person will rearrange the "Cyclopedia of Drug Pathogenesis" on this basis, it seems to me that we might so study it as to have such a picture of the characteristics of each drug imprinted on our memories so that we could, even in the crowded street of the *materia medica*, make a correct selection of the remedy wanted, without such great danger of mistakes.

DANVILLE, IND.

PRACTICAL TREATISE ON DISEASES OF THE EYES AMONG CHILDREN.

Translated from the French, with Annotations.

By H. H. CRIPPEN, M.D.

Continued from page 432, December, 1890.

In Hyperopia.—Hyperopia can be considered opposite to emmetropia, as an eye of weak refraction ; and this refraction can only be corrected in one of two ways : either by placing before the eye a convex glass, or by forcing the accommodation to supply by accommodative dioptries what is wanting in the hypermetropic eye to make its refraction normal. If, for example, the eye is hypermetropic to 2 dioptries, we can regard it as 2 diopt. weaker than the emmetropic eye. In order to fix an object situated at one mètre, this eye must supply first the default of refraction, by forcing its accommodation to 2 diopt., then, as in the normal eye it must use 1 diopt. for vision at 1 m., or, altogether, 3 dioptries. But what becomes of convergence ? The function, we have seen, is connected with accommodation ; it is then put in play to produce 3 metric angles in seeing at 1 mètre, when, for this, 1 metric angle only is necessary. It has then more convergence than is necessary, and the eyes tend to deviation inwards. Such is the summary of the mechanicism of convergent strabismus.

But, it will be said, why does not convergent strabismus occur among all hypermetropes ? It is because at an early age there is established a certain accord between accommodation and convergence, a condition based upon reciprocal concessions, so that the two functions do not rigorously follow each other in all digressions ; but when one eye becomes amblyopic from one cause or other, there is a reason why the eye should lose the benefits of binocular vision, and why the affected eye should, by no longer resisting the action of the surplus of convergence, deviate and appear as a *fixed strabismus*. If, on the contrary, the two eyes are alike in visual acuity, the struggle between convergence and accommodation causes the patient considerable inconvenience in near vision and the series of troubles designated *asthenopia*. Thus exists at this moment a *latent strabismus*. Of all that we have said one can comprehend that convergence is in action to produce a convergent deviation of the globe, but that this is prevented by the natural effort which the patient makes to conserve binocular vision. In order to see the reality of these efforts of convergence which the exaggerated accommodation entails, it is sufficient to cover an eye affected by asthenopia and observe the direction of the eye thus concealed. Being excluded from vision and having nothing to lose, it turns inwards as much as the convergence demands, and the *strabismus becomes manifest*. It is this form of deviation which, being observed only by artificial

maneuvers, we call latent strabismus. Properly speaking it should be called *asthenopia*, but it is given the qualification of strabismus because it is really the first stage of this affection.

When the antagonism between the convergence and the accommodation is still greater, when accord is impossible and the deviation becomes permanent, having its seat sometimes on one eye, sometimes on the other, if the two eyes have equal visual acuity we speak of *strabismus alternans*, or where the deviation is confined to one eye (the worst form) we call the affection *confirmed strabismus*.

It is an analogous mechanism, although inverse, which produces divergent strabismus among myopes. Here the refraction can be considered as too strong, as above normal. A myopic eye of 2 dioptries sees normally, and without accommodation, by its dioptric structure at $\frac{1}{2}$ mètre. In order to see at 1 mètre, for example, not only does it not find it necessary to accommodate, but likewise it tends to relax its accommodation. Synergetically, convergence is relaxed and the eyes tend to diverge. This state of things is produced in myopia, especially at the beginning, in vision at a short distance, and we comprehend the struggle which is established between convergence, which should be strong to see binocularly, and accommodation, which needs not to be brought into play, static refraction being of itself sufficient for clear vision. Hence, among myopes arises a very inconvenient asthenopia : it is this that De Graefe believed due sometimes to *insufficiency of the internal recti*. We well know, however, that convergence has its normal power, that the internal recti have the necessary force for all kinds and degrees of contraction, but that they resist entrance into action by the fact of their physiological habitude of only acting synergetically with the efforts of accommodation, here relaxed. The successive degrees which lead to confirmed divergent strabismus can then be easily understood.

Confirmed Strabismus.—We admit two classes of confirmed strabismus : An *accommodative strabismus*, arising from discord between convergence and accommodation ; this is divergent or convergent according as it occurs with myopia or hypermetropia. A *muscular strabismus*, in which the state of the muscles plays the principal rôle, which concerns a predominance of activity of one muscle or a particular disposition of its line of insertion. This variety is rare, especially in the class of convergent strabismus.

In order to recognize and distinguish these two sorts of strabismic deviations we cause the eye to fix an object and to follow it in all directions. Weakness of the muscles is easily revealed by an arrest of the mobility of the globe in the direction which corresponds to the field of the muscle causing the deviation. As to the diagnosis of strabismus from muscular paralysis, we only remind you of the chapter on the

latter ; here we only place before you the two striking figures of importance in diagnosis ; that is, *the secondary deviation is equal to the primitive deviation*. It will be seen, when inciting one or other of the eyes to look at a near point, that the deviation of the eye excluded from vision is equal to that of its fellow in the same situation.

Finally, and this last remark offers a great interest, the divergent strabismus of myopes and the convergent strabismus of hyperopes are generally developed at very different ages ; they follow very different courses. The convergent strabismus of hypermetropes is an affection of early childhood, which arises ordinarily before ten years, at the commencement of study, the occasion of the first exercise of near vision. But it is not rare to see this strabismus amend and disappear under purely orthopædic and medical treatment, or likewise without treatment. The divergent strabismus of myopes, on the contrary, is a strabismus of the second period of childhood, which can likewise develop later, and then at an age which places it out of consideration here. When it takes place at an early age it is ordinarily after ten years, and often with a series of ocular lesions which have no tendency to disappear, and thus fix as a persistent affection the deviation of which they have been the origin.

NEW YORK.

REPERTORY TO URTICARIA.

By JAS. M. WARD, M.D., SAN FRANCISCO.

IT has come to pass of late that several cases of urticaria have applied for relief, following subsequent to a brilliant cure by arsenicum 30.

These cases presented so much of variation in character and concomitants, that this little aid was prepared for personal use. Perhaps it may serve others as it has served me. It is hoped that its incompleteness may stimulate others to add their knowledge to the gathered fragments, and thus perfect what otherwise would be imperfect.

URTICARIA IN GENERAL.—Aconite, Apis, Ars., Bapt., Baryt. c., Bell., Berb., Bov., Bry., Calc. c., Calc. ph., Carb. veg., Cepa, Con., Cop., Croc., Cycl., Dios., Dulc., Gamb., Graph., Hepar sulph., Hyper., Ign., Kreos., Lyc., Lycps., Mag. c., Mag. sulph., Marum, Merc. v., Merc. prot., Mezer., Natr. mur., Nitr. ac., Pallad., Phos., Psor., Puls., Rhus tox., Sang., Sars., Sep., Spong., Stram., Sulph., Pet., Urt. u.

INDIVIDUALS.—Children : Calc. c.

LOCALITIES.—Whole body : Bapt., Bov., Carb. veg., Croc., Merc. v., Natr. mur., Nitr. ac. Head : Psor. Face : Nitr. ac. Forearm, left : Lycps. Hands : Hep. sulph., Hyper. Thighs : Cepa. Leg, right : Lycps.

DEVELOPMENT.—Annually : Rhus tox. Summer : Puls. Before

nausea : Sang. Violent exercise : Con., Natr. mur. Eating meat, after : Ruta. Eating crabs, after : Pet. Eating mussels, after : Cop. Eating pork, after : Puls. Eating pastenes, after : Puls.

FORMS.—Red : Apis, Ars., Bell., Bry., Cepa., Cop., Natr. mur., Spong., Stram. White : Calc. C. White lumps, red areola : Dulc. Œdematous appearing : Apis. Pale : Urt. u. Large : Ars., Bov., Natr. mur. Irregular shaped : Bapt., Natr. mur. Elevated : Ars., Bry., Calc. c., Cop., Urt. u. Wheals : Kreos., Urt. u.

TYPE.—Chronic : Lyc.

AMELIORATIONS.—Air, cold : Calc. c., Dulc. Heat, external : Rhus tox. Wrapping up warmly : Rhus tox. Rubbing : Dros., Urt. u. Scratching : Berb., Dros., Ign., Mez. Perspiration : Apis. Exercise : Ign.

AGGRAVATIONS.—Time : Day, Lyc. Evening, Jamb., Kreos., Lycps., Nux. v., Psor. Evening, before retiring : Lycps. Night : Cycl., Gamb., Merc. v., Puls.

CIRCUMSTANCES.—Warmth : Bov., Dulc., Lyc., Psor. Warmth of bed : Carb. veg., Merc. v., Mezer. Air, open : Nitr. ac. Air, cold : Rhus, Sang. Getting wet : Rhus. Scratching : Apis, Ars., Baryt. c., Dulc., Gamb., Hepar, Mag. sulph. Merc. prot., Sep., Sulph. Rubbing : Dulc. Draught of air : Ign. Exertion : Con., Nat. m., Psor. Cool bathing : Puls. Undressing : Puls. Warm weather : Apis. Change from warm into cold air : Sars. When one cannot sweat : Apis. Touching : Apis, Bell., Bry., Hepar s., Mezer.

ACCOMPANIMENTS.—Menses delayed : Puls. Menses profuse : Bell. Gastric derangements : Nux. v. Diarrhœa : Dulc., Puls.

CONCOMITANTS.—*Sensations* : Like flea bites : Acon, Dulc., Marum. Itching, simple : Acon., Ars., Baryt. c., Bov., Calc. c., Carb. veg., Crot., Dros., Graph., Lyc., Marum, Mag. sulph., Merc. v., Nitr. ac., Nux. v., Pallad., Phos., Puls., Ruta, Sang., Sep., Spong., Stram. Itching, corrosive : Berb., Calc. c., Cop., Con., Dulc., Gamb., Kreos., Mez., Natr. mur., Psor., Rhus, Sulph., Urt. u. Stinging : Apis, Bov., Crot., Dros., Dulc., Mag. c., Natr. m., Urt. u. Stitching : Berb. Smarting : Apis, Berb., Hyper. Soreness after scratching : Dros., Sulph. Burning : Apis, Ars., Bapt., Baryt. c., Berb., Bell., Calc. ph., Carb. veg., Dulc., Gamb., Graph., Mag. Sulph., Marum., Mez., Nux. v., Rhus tox., Sep., Sulph., Urt. u. Prickling : Apis., Baryt. c., Bry., Cepa, Dros., Lycps., Natr. m. Biting : Lyc., Gamb. Crawling : Pallad. Tingling : Sulph. Scorched : Urt. u. Gnawing : Dros. Sensible to touch : Hepar. Unchanged by scratching : Acon., Baryt. c. Unchanged by rubbing : Bov., Sep., Baryt. b. Scratching changes eruption to other places : Berb., Cycl., Mez. Consequences from suppressed urticaria : Psor., Stram., Urt. u.

A CASE OF HAY-FEVER.*

By H. C. ALLEN, M.D.

WHEN an apparently healthy adult, in whom it is impossible to trace a psoric history, becomes subject to annual attacks of hay-fever, the catarrhal condition often dates from a low type of fever improperly treated and imperfectly cured ; for I claim that a typhoid properly treated with the indicated remedy leaves no life-long troublesome sequelæ as an inheritance for future generations. It is to the suppressive, palliative action of quinine and other not indicated remedies that sequelæ are so often due ; and in my experience hay-fever is one of them. The following case, while not belonging to this type, is sufficiently peculiar to be noted. The patient is one of the pioneer homœopaths of Illinois, aged seventy-six, and has been in active practice fifty-three years. I will give the case in his own language.

CENTRALIA, ILL., October 4, 1889.

DEAR DOCTOR :

I am a great sufferer and, therefore, have taken the liberty of writing you for counsel. I am a psoric subject but with no syphilitic nor sycotic taint. Appetite good ; bowels regular ; urine normal, at times a little foamy ; am rheumatic and suffer from one to three paroxysms of gastralgia each day. It begins at 10 or 10.30 A.M. and continues till noon, dinner relieves it ; at 3.30 P.M. another paroxysm begins, relieved by supper ; and at 9 P.M. another that continues till one o'clock. No chill, fever, or thirst. When very severe usually vomit once acrid, bilious matter, which affords relief. Great distension of stomach, almost to bursting ; pain in stomach, hypochondriæ, and all through the chest ; eructate much tasteless gas, but pass little or no gas from bowels. Have had attacks of gastralgia for more than thirty years, lasting from six weeks to three months, but none so severe as of late. Conditions ameliorated by eating, hot drinks, hot food, warmth, whisky, and hot local applications. At different times have obtained relief from Mag. mur. 3m., Sulph. 200, and Anacardium. Colocynth, neither high nor low, has helped. Have just taken in my desperation over fifty grains of quinine, thinking possibly it was malarial, with almost no effect. I am gaining flesh ; bloating of stomach and abdomen all subsides during night, and in morning I pass off gas freely. My son-in-law, Dr. L., has spent much time and thought to help me, but with little good. It certainly is a neurosis as I never have pain in the abdomen below the lower curvature of the stomach, which is distended like a pad. I have had hay asthma for over thirty winters ; comes on in October and lasts till warm weather ; of late years have it all the time. When my stomach is better the hay fever is worse and vice versa. Acon., Bella., Bry., Calc., Kali carb., Lyco., Iodine, Phos., Phos. acid, and Silicea all have been used as indicated at different times with benefit, but nothing cures. It cannot be cancerous for it is not con-

* Read before the American Institute, 1890.

tinuous, and would have killed me long ago had it been. Liver and spleen normal ; can lie on one side as well as the other.

October 6 I sent him six powders, each to be taken in a broken dose in six teaspoonfuls of water, and to wait three days before repeating. Medicine to be stopped as soon as improvement began and not to be repeated as long as improvement continued.

October 15, 1889.

DEAR DOCTOR :

I have taken two of the powders and feel so much better every way that I have stopped the medicine and am waiting on its action. Have comparatively little pain, and no bloat, nausea, nor vomit. Nose obstructed for years with a polypus ; never breathe through it and seldom smell anything ; in fact, could not live half an hour without an open mouth, but never any trouble after getting warm in bed. The nasal discharge, formerly watery, with constant dripping, is now thick, yellow-white, at times bloody and copious, and the obstruction now is not very troublesome. For four successive afternoons while taking the medicine had a skunk-cabbage odor in left nostril, and the peculiar headache of that drug which I never had before. I made a graft of one powder and labeled it "Allen," and it has given me such relief that I will "sound its praises" whether it cure me or not.

[*Later.*]

DEAR DOCTOR :

I am now feeling quite well ; stomach and bowels orthodox ; in short, I feel like a young man ; have not taken a dose of medicine since ; no occasion for it, dear Doctor.

March 12, 1890.

The medicine relieved my stomach almost immediately and perfectly from October 8 or 10 to December 15, when, for an oozing of moisture from the rectum and soreness between the buttocks, I took a dose of Sepia, and as no relief came I repeated after fifteen days. But in a few days the old stomach trouble returned when I took several doses of your medicine without effect ; becoming worse all the time. After fifteen days I took a dose of sulphur with entire relief in ten minutes ; it returned in four hours, when another dose gave permanent relief. The nasal polypus sloughed and came away in November while waiting on the action of the medicine. Hay asthma better than for many years ; much of the time can smell the flowers and breathe through the nose. Have almost wholly escaped the epidemic influenza this winter ; felt better and worked harder in January and February than for years.

The remedy was PSORINUM, to which Sepia is antagonistic, and should never be used either directly before or after. Sulphur always follows well and often, when given before, prepares the way for its constitutional action.

5401 JEFFERSON AVENUE, CHICAGO.

BOOK REVIEWS.

A TEXT-BOOK OF ANIMAL PHYSIOLOGY, WITH INTRODUCTORY CHAPTERS ON GENERAL BIOLOGY AND A FULL TREATMENT OF REPRODUCTION. For Students of Human and Comparative (Veterinary) Medicine and of General Biology. By WESLEY MILLS, M.A., M.D., L.R.C.P., England, Professor of Physiology in McGill University and the Veterinary College, Montreal. With over 500 Illustrations. New York : D. Appleton & Co., 1889.

A careful reading of the title page very nearly says what a desultory review of the text proper could say. It is what it professes to be,—a learned yet withal easily understood work on physiology, human and comparative. The biological division begins with the cell and follows its development through all its varied phases until it is a tangible, visible something which we call animal. The subject, notwithstanding its abstruseness, is wonderfully plain even to the non-medical reader, and will repay a careful study by those a little more familiar with the topic. The description of the animal body, tracing its changes and comparing its parts with those of the lower kingdoms, is a charming study and especially valuable to the medical man, whether student or practitioner. As an appendix a chapter is given on Animal Chemistry that should be in the hands of every chemist whatever his school of medical practice may be ; or, if not in medical practice, whatever professional walk he follows. The mechanical part of the book is good, the illustrations new and clear, and the paper and typography without a fault.

ELECTRICITY IN THE DISEASES OF WOMEN, WITH SPECIAL REFERENCE TO THE APPLICATION OF STRONG CURRENTS. By G. BETTON MASSEY, M.D., Physician to the Gynæcological Department of Howard Hospital ; late Electro-Therapeutist to the Philadelphia Orthopædic Hospital and Infirmary for Nervous Diseases ; Member of the American Neurological Association, of the Philadelphia Neurological Society, of the Obstetrical Society of Philadelphia, of the Medical Jurisprudence Society, of the Franklin Institute, etc., etc. Second Edition. Revised and Enlarged. Philadelphia and London : F. A. Davis, 1890.

The subject of electricity is one of the most important problems for the solution of to-day, as it has been in all times past. This may properly be called the Age of Electricity, since we find it in practical use in almost every avenue of the busy world. Its application to the treatment of the afflicted is but a natural outgrowth of the spirit of the times, and a very commendable one. Professor Massey introduces his topic with a historical reminiscence, tracing the dawn of electricity in its application to neurotic troubles, and comparing it pleasantly with the ultra-mechanical methods in former use. A succeeding chapter is devoted to an exemplification of the batteries and general technology so that a student may become well informed of what he is seeking without much preparatory electrical knowledge. The freedom from technicalities is a marked feature of the work, the effort seeming to be to present a practical, every-day working book, and in this design the author is most happy. In its application to the needs of gynæcology it is

most exhaustive. For those who are adepts in this form of therapeutics, the work is reliable and desirable : for the beginner it is equally excellent.

SPINAL CONCUSSION : Surgically Considered as a Cause of Spinal Injury, and Neurologically Restricted to a Certain Symptom Group, for which is Suggested the Designation Erichsen's Disease, as One Form of the Traumatic Neuroses. By S. V. CLEVENGER, M.D., Consulting Physician in the Reese and Alexian Hospitals ; late Pathologist County Insane Asylum, Chicago ; Member Numerous American Scientific and Medical Societies ; Collaborator *American Naturalist, Alienist, and Neurologist, Journal of Neurology and Psychiatry, Journal of Nervous and Mental Diseases* ; Author of "Comparative Physiology and Psychology," "Artistic Anatomy," etc. Philadelphia and London : F. A. Davis, Publisher, 1890.

"Spinal concussion is often the subject of controversy in law courts, and the railway companies of Europe and America annually pay millions of dollars in the settlement of claims wherein this disorder is justly or unjustly alleged." So reads the first paragraph, which is stating a potent truth so happily that we copy the language. The 337 pages are filled with original matter, quoting also liberally from authors of acknowledged ability in medical and surgical therapeutics, so that within the compass of these few pages, a railway surgeon will be very sure to find all the literature, medical, surgical, and legal, necessary to a clear and succinct statement of the case. The pathology of these obscure troubles is charmingly given, and its treatment, while not patterned after our law, is yet interesting and suggestive, and may serve as a warning finger, when and how not to give *that* treatment. But aside from this the work is a desirable acquisition and one we take pleasure in commending.

A CLINICAL MATERIA MEDICA ; BEING A COURSE OF LECTURES DELIVERED AT THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA. By the late E. A. FARRINGTON, M.D. Reported phonographically and edited with the assistance of the lecturer's MS., by CLARENCE BARTLETT, M.D., and Revised by S. LILIENTHAL, M.D., Second Edition. Philadelphia : Hahnemann Publishing House, 1890.

To the true lover of homœopathy it is matter for no small gratification that a second edition of this work is demanded at so early a date. It argues that a good and pure homœopathy is not a back number, and it strengthens the hope of those who believe there is a homœopathic renaissance at hand ; that the crude and allopathic way of prescribing homœopathy is fast passing away. It is also pleasing to note the change in the mechanical work ; the paper, type, binding, and so forth, being of the usual excellence of any work bearing the Griffin-"Aude" trade-mark. This is not to say that no other firm is capable of so uniformly turning out handsome text-books, but to emphasize the fact, for a fact it is, that wherever this trade-mark is found it is an excellent bit of workmanship. As to the intrinsic worth of the lectures there has never been a question. They have stood as marvels of good homœopathy and in an easy get-at-able form. Their correctness has never been questioned. And the indices at the back of the volume are adapted to rapid prescribing whether for a pathological condition as a nucleus or

upon the totality of the symptoms. Dr. Bartlett, the painstaking editor, deserves a large meed of praise for the happy arrangement of the book, the indices, as well as the fine mechanical work. He has been a faithful Boswell to Farrington. We most cordially and earnestly recommend the book to every student as well as progressive doctor.

HEADACHE, NEURALGIA, SLEEP AND ITS DERANGEMENTS, AND SPINAL IRRITATION. By J. LEONARD CORNING, M.A., M.D., Consultant in Nervous Diseases to St. Francis Hospital; Fellow of the New York Academy of Medicine; Member of the New York Neurological Society, etc. Second Edition. With an Appendix. **EYE STRAIN, A CAUSE OF HEADACHE,** by DAVID WEBSTER, M.D., Professor of Ophthalmology in the New York Polyclinic; Surgeon to the Manhattan Eye and Ear Hospital, etc. New York: E. B. Treat, 5 Cooper Union, 1890.

Dr. Webster has undertaken the rather difficult task of explaining the nature and treatment of those pains about the head, which constitute so fruitful a source of misery of our American people, traceable to eye strain; the subject is an interesting one and handled as this author does it makes it doubly pleasant and instructive. Dr. Corning, as stated in our review of the first edition, is a capable master of his topic and may be safely followed in his pathology and oftentimes even in his therapeutics; for of course, he is not homœopathic. In neuralgia—part ii.—the author is particularly happy in his descriptions and measures. Electricity is much used and recommended. It is a fine book.

MEDICAL DIAGNOSIS, WITH SPECIAL REFERENCE TO PRACTICAL MEDICINE. A Guide to the Knowledge and Discrimination of Diseases. By J. M. DA COSTA, M.D., LL.D., Professor of Practice of Medicine and of Clinical Medicine at the Jefferson Medical College, Philadelphia; Physician to the Pennsylvania Hospital; Consulting Physician to the Children's Hospital, etc. Illustrated with Engravings on Wood. Seventh Edition, Revised. Philadelphia: J. B. Lippincott Company. London: 10 Henrietta Street, Covent Garden, 1890.

A most valuable work. Dr. Da Costa needs no new commendations of his time-honored work. In truth but little can be added to former critiques save in the way of praise. Many important additions have been made and yet, by a judicious condensation of older matter, the additions have not materially increased the bulk of the volume. The new engravings are finally done and are illustrative of such micro-organisms as have been proved to be of practical significance in diagnosis. The present edition is published on better paper than formerly, and is a marked improvement on some of the earlier editions in the matter of mechanical get-up, binding, lettering, etc. We gladly recommend a work that so palpably recommends itself.

GLOBULES.

—PROFESSOR.—What is the difference between *similia* and *similimum*? "Merely a matter of sex, sir. The latter is female in gender."—*The College Argus*.

—Prussia, Wurtemberg, Saxony, the Duchies of Hesse Darmstadt and Saxe Weimar have flatly refused to permit women to engage in the study and practice of medicine.

—To REMOVE THIRST.—Paint the tongues of your fever patients with glycerine; it will remove the sensation of thirst and discomfort felt when the organ is dry and foul.

—DIED.—W. A. Cook, M.D., Tippecanoe, O., class of 1885, died December 13, 1890, of cardiac trouble. He was universally beloved for his many qualities, and had made a grand success in his short time of practice.

—Telegrams from abroad announce that the influenza is reappearing in various districts; is it possible that we must go through with another epidemic of "haven't had my clothes off for ten days; saw 213 cases to-day," etc., etc.

—PYO-SALPINX.—Lawson Tait says: "Where syphilis kills its tens, gonorrhœa kills its thousands; and it would take the sufferings of a hundred cases of syphilis to make up for the long weary years of agony of one case of gonorrhœal pyo-salpinx."

—"THE TURN OF LIFE."—In a form of proposal for life insurance the following was given as one portion of the applicant's family history: Original number of sisters, 1; age at death, 55 about; cause of death, Eternal life. Dr. S. attended her.

—KANSAS HOMŒOPATHIC MEDICAL SOCIETY.—Officers for 1890-91: President, M. Jay Brown, Salina; vice-president, G. H. Anderson, Seneca; recording secretary, P. Diederich, Kansas City; corresponding secretary, D. P. Cook, Clay Center; treasurer, G. H. T. Johnson, Atchison.

—From a recent number of the San Antonio (Tex.) *Daily Examiner* we notice that our good friend and ex-editor, Dr. G. G. Clifford, has been appointed county physician, much to the chagrin of the allopaths, who had been holding this position, as they believed, for life. The vote electing Dr. Clifford stood 4 to 1.

—Dr. E. F. Storke, Milwaukee, Editor of the *Medical Current*, has been ill for quite a while; in order to recuperate and return to his work later on and elsewhere, he has disposed of his practice in Milwaukee and goes to Denver for a season. We wish our brother *bon voyage*, an early and complete restoration of health, and many years of his aforesaid activity in the profession and cause.

—Dr. Harvey Dale calls our attention to the fact that we credited an extract from his article on "Chelidonium in Hepatic Congestion" in our October issue to Hale. This is the truth, but the usual int. comp. must, as usual, bear the blame. It seems an easy transition from Dale to Hale. Our apologies to Dale, and our regrets to Hale that he was not the author of so good a paper.

—A homœopath sent letters to Drs. Bowditch, Flint, Bartholow, Potter, Love, Whittiker, and others, giving a hypothetical case, and asking advice, and inclosing \$2 as a fee. The crowd answered for the \$2, but Dr. I. N. Love threw the letter and the postal order in the waste basket. It is a cold day when ye editor of the *Medical Mirror* gets left, and don't you forget it.—*N. E. Med. Monthly*.

—Take a visiting card saturated with a solution of potash, over part of which is drawn a covering of the sulphate of copper, and apply the urine to be tested to that. Then lay the card on the globe of a lamp, when the sugar urine will color the card brown, the intensity of the brown being indicative of quantity of sugar contained. So says Dr. Becker of Cairo.

—NATURAL BORN DOCTORS.—The physician doesn't acquire his knowledge by instinct. All this talk about natural born doctors is "bosh." The practice of medicine and surgery is evolved from the brain just the same as any other science, and if you want to become eminent in the profession, don't be so foolish as to think that you were especially gifted by divine Providence.—*Med. Brief.*

—The Cleveland Homœopathic Hospital College opened its recently closed session, in September, with 12 students; it closes the half year (Christmas holiday) with 61 registered. It has had over 100 important surgical and gynecological operations, 25 of these being successive and successful laparotomies. Every chair is filled with a homœopathic teacher, and no pretense held out of being liberal, eclectic, or semi-allopathic. It is simply and immutably homœopathic.

—A CASE OF TREPHINING.—Dr. H. F. Biggar, of the Cleveland Homœopathic Hospital College, recently trephined a carpenter who had fallen from a considerable height, striking on his head. Blood infiltration gave symptoms of compression. The trephine was sunk in the parietal bone near posterior fontanelle, outside of superior longitudinal sinus. A small quantity of clotted blood escaped. The patient's symptoms were much ameliorated; but too much time had elapsed before operation,—consumed in gaining consent to operation,—and the patient died within a few days.

—AMERICAN INSTITUTE OF HOMŒOPATHY.—The following committees will report at Atlantic City—the regular routine not to be observed owing to session being giving over to the International Homœopathic Convention: executive and publication, program and business, railroad fares, local arrangements, international homœopathic Congress of 1891, medical literature, foreign correspondence, international pharmacœpia, medical education, medical legislation, inter-collegiate, on life insurance examiners, on publishing annual list of homœopathic graduates, to formulate an expression on the completion of the cyclopædia of drug pathogenesis, on place for the preservation of institute property, on reconstruction of committee on medical legislation, organization, registration, and statistics.

—The Massachusetts Homœopathic Medical Society gave a reception and banquet at the Hotel Vendome, Boston, on Tuesday evening, December 23, 1890, in honor of the fiftieth anniversary of the foundation of the Society. Drs. Talbot, Wesselhoeft, and Clapp were Committee on Invitations, and, in the absence of particular information, it goes without much saying, that the occasion was a fine one and enjoyed by all. How many of the original founders were present; and, if any, what an interesting story they could tell the homœopaths of to-day of the trials and tribulations of these pioneer days. Those were the "times to try men's souls." All honor to the Massachusetts

Society ; may she have innumerable such semi-centennials, until every physician of the East shall be a homœopath, and resting under its protecting ægis !

—PHYSICIANS, DEFEND YOUR RIGHTS.—Dr. Cruikshank sued a Mr. Gordon for slander, in saying, "He treated my child for malaria when it had another and entirely different disease," and "he nearly killed my child, and would have killed it if another doctor had not been called in." The jury rendered a verdict for the doctor for \$1600 damages, which was confirmed by each successive court, and finally by the Supreme Court of the State of New York. In addition to the specific charge, the slanderer repeatedly stated that the doctor was generally incompetent as a physician. The most important point reached by the decision was, that the physician need not prove the damages sustained, as that would be impossible, but, the slanderous language being uttered, the damage therefrom may be assumed. The case is fully reported in the Brooklyn *Medical Journal*.—*Medical World*.

—FIDGETS.—The *Med. Rec.* has received the following interesting and valuable communication : "If you know of any one who has got the fidgets right bad, tell them to suspend a flat-iron, or anything else the looks of which will not cause the fidgets, from the ceiling of the room to near the floor, or the distance which causes the most agreeable sensation, set the weight to swinging a little, and sit down by it with the eye fixed on it. If your patient is one of the sympathetic kind it will be likely to make her quiet. If the weight is suspended from two hooks a little apart, it will have a better effect.—M. B."

—HOMŒOPATHY IN RUSSIA.—Homœopathy is said to be spreading in Russia, especially in the upper social strata. Societies for the propagation of the Hahnemannian doctrines have recently been established at Tschernigow, Odessa, and Warsaw. As has been noticed in other countries, the clergy are conspicuous among the supporters of the great medical truth, and in Russia the military mind seems also to have an elective affinity therefor. Thus at Tschernigow one of the founders of the new society is the Bishop (Benjamin). At Odessa, among those who have signed the draft statutes of the society are the Archbishop of Cherson (Nikanor), Generals, Count Rostowzew, Roop, Teplow, and Strandmann, and the mayor of the city, M. Marasli, with his deputy, M. Ligin.

—About four or five weeks ago, I was treating a case of very severe frontal congestive headache complicated with orbital and supraorbital neuralgia. It had resisted all treatment for ten days, and yielded to Morphia and Atropia only temporarily. About this time I received a sample from you containing three ten grain powders of Antikamnia. I gave the patient one suspended in half a wineglass of water, and the result was a comparatively quiet and painless night. The other two powders I gave on the following two evenings, and by that time the case was practically cured. This result was so satisfactory, that I intend to try the remedy in several cases of hemicrania and menstrual headaches, and will advise you of the result.

Very truly yours,

C. W. SONNENSCHMIDT, M.D., Washington, D.C.,

—An open competitive examination for the positions of Junior Assistant Physicians in State hospitals and asylums, will be held at the office of the Civil Service Commission, Albany, N. Y., Thursday January 29, 1891, commencing at 10 o'clock A.M. Applicants must be graduates of a legally incorporated medical college, and must have had one year's experience in a general hospital, or three years' experience in the practice of medicine. Application blanks and other information may be had by addressing the Secretary of the New York Civil Service Commission, Albany, N. Y.

JOHN B. RILEY, *Chief Examiner.*

ALBANY, N. Y., December 27, 1890.

—ONE CHANCE IN A LIFE TIME.—I will sell my practice, city property, consisting of five lots in a county seat in Kansas, complete line of drugs, homœopathic and eclectic, consisting of over 1500 bottles of medicines; a complete set of atomizers and inhalers for locating respiratory diseases; a large and complete oxygen gas apparatus; all my office and household furniture and kitchen utensils for \$2500. The best chance for a homœopath or eclectic. No homœopathic physician in the county. Will introduce my successor to my customers and patients. Our town has a railroad and three factories in successful operation. Only cash buyers need answer. My office and residence is all in one building located close to the main street. Inquire of

A. L. CHATTERTON & Co., NEW YORK.

—CHILLS OF THE PARTURIENT.—Chills before delivery indicate dilatation of the os.

Chill immediately after labor indicates nervous derangement.

Chill in from thirty to forty-eight hours after delivery is most dangerous, indicating septicæmia as probable.

Chill on the third day is generally caused by commencement of milk flow or other breast complications.

When other chills are reported, inquire the location of pain, which will lead to the probable diagnosis.

In general be careful in diagnosis and treatment, for the completeness of the recovery will be in proportion to the part the remedy has in the cure.

Never use mechanical means in the treatment unless the cause is mechanical; then as soon as the cause is removed rely upon the law of similia, under which any remedy may be useful.

Never use palliatives; the homœopathic remedy will relieve pain as promptly as a reasonable patient or physician will demand, and the ordinary palliatives not only depress the system, but mask the most valuable guides to our remedies in subjection to symptoms.—*J. B. Gregg-Custis.*

—PYOKTANIN.—According to Merck's *Bulletin* for June a new and wonderful disinfectant has been discovered by Prof. J. Stilling, of Strassburg University. It is "a compound of certain coal-tar products specially prepared in a state of extreme purity," and manufactured solely by E. Merck. "This very complex compound" is, for the sake of brevity, named pyoktanin. It occurs in two colors, yellow and blue (the latter the stronger), and is used as a one tenth to two per cent. dusting powder, ointment, and solution. It is not only harmless, but it

is also far superior as a disinfectant to any known agent, curing obstinate diseases with marvelous rapidity. One case, suggested by the article, but not reported in it, may be narrated as an example. A gentleman having lost one eye by traumatism, was afflicted with sympathetic inflammation in the other. He was requested to look intently with the remaining but diseased eye upon a bottle of pyoktanin. Upon examining this organ with a magnifying glass it was noticed that the millions of diseased germs were moving about as if in great excitement, the expression of horror was discernible upon their countenances, and in a very few moments not one remained even in the deep tissues. A very weak solution was then applied to the empty socket, and wonderful to relate, the germs again departed, but, this time, returned with a new and healthy eye, which they rapidly adjusted into place. We wonder, not so much at the skill and intelligence shown by the germs under the influence of pyoktanin, but at the locality from which they obtained the healthy eye.—*Ex.*

—A COLOCYNTH SYMPTOM.—In the *Homœopathic Physician* for August, 1886, Dr. E. W. Berridge directs attention to what he calls "an important omission from Allen's Encyclopædia of a symptom experienced by a prover—Dr. Caroline LeBeau: *At 4 p. m. the colic came on, six days in succession.*" Having had a case which in a remarkable manner verified this four-o'clock aggravation, I communicated it to the columns of the *Physician* as follows:

Mrs. R., while calling upon a neighbor, found an infant in terrible agony with the colic. She learned that it had been thus afflicted for three months: that the doctor had done his best; they had tried all the suggestions of the old ladies, everything had signally failed, and they were firmly convinced that the child would die. Wife came to me and related the symptoms as well as she could. I sent colocynth, which was given at six, again at seven, when the babe fell asleep, slept all night and nearly all the next day, which somewhat astonished them, but they were confident that the evil would return as soon as the "effect of the opiate wore off." Subsequently it had an occasional dose and soon became well. Afterward I learned that the attacks occurred regularly at 4 P. M., lasting until 8. Now surely this was the most peculiar feature of the case, and a symptom supposed to belong almost exclusively to lycopodium.

I have since observed two similar cases; in one the paroxysms recurred a little later, and in the other a little earlier, if I remember correctly, and both cured by colocynth. We may then with confidence place colocynth with lycopodium and helleborus as having a characteristic four-o'clock aggravation.—*A. F. Randall, M.D., Advance.*

—THE GAS DIDN'T PASS THROUGH.—The *Med. Record* says Dr. Senn gave a very interesting demonstration before the Surgical Section of the Berlin Congress of the diagnostic use of hydrogen gas in injuries of the abdomen. The dog was brought in the delivery tube, was inserted and the gas turned on. Then there was a wait of nearly ten minutes but no gas appeared as it should at the mouth, and the repeated application of a lighted match to the animal's muzzle gave no results. Although the theory remained good, the experiment seemed to be a failure until investigation revealed the fact that the tube has been introduced into the vagina. Better use a grooved director next time.

—TREATMENT OF BILIARY CALCULI AND ITS SEQUELÆ.—Dr. P. Jousset, in *l'Art Medical*, August, 1890, treats this question, of which we make the following abstract :

1. BILIARY LITHIASIS.—Different authorities recommend *Calcarea carb.*, *Hepar*, *Lachesis*, *Silica*, *Sulphur*, and especially *China*. In the treatment diet should be taken into consideration, as bad digestion is the most habitual and the most powerful cause of biliary lithiasis. *Nux vomica* and *graphites* will correct the gastric troubles.

Dr. Claude has published in the *Bulletin de la Société Homœopathique* a paper stating that the continuous administration of *China* constitutes a thoroughly efficacious remedy for biliary lithiasis. *China* in healthy man produces in small doses violent pressing and shooting pains in both hypochondriac regions < when walking and from the slightest touch and from forced respiration. Pains at the epigastric region excessively violent and radiating toward the heart ; nausea and vomiting ; jaundice and dyspepsia. Dr. Jousset has been less successful in the use of *China*, failing in some cases.

2. HEPATIC COLIC.—After advocating the use of *Chloral*, *Antipyrine*, and especially of hypodermic injections of *morphine*, as palliative measures during the attacks, because such analgesics relieve the pains in a few minutes and check the spasm of hepatic ducts, thus facilitating the passage of the calculi toward the intestines ; he gives the following remedies with their respective indications :

Belladonna : Excessive pain, forcing patient to bend double ; pain associated with considerable distension and vomiting. *Dose* : 3x dil. to 3 gtt. in 200 grammes of water ; spoonful every half hour.

Chamomilla : Similar to *belladonna* ; considerable anguish ; restlessness forcing the patient to continually change position. *Dose* : Same as under preceding remedy.

Digitalis : Indicated when violent pains are associated with a feeling as if life would be extinguished immediately. *Dose* : Same as the preceding remedies.

Arsenicum : Hepatic colic with syncope ; patient unconscious ; face deathly pale and covered with cold sweats ; ineffectual efforts at vomiting. Hartmann with a single dose of *arsenicum* has cured these symptoms. Dr. Jousset states that a biliary retention in a child of six years' standing, has been cured by continuous administration of *calomel* in minute doses.

3. ICTERUS.—*Nux-vom.* : Associated with constipation, an orexia and indigestion.

Cham. : Same symptoms, only instead of constipation there is diarrhœa. *Dose* : 6x dil. four times a day.

China : Icterus with diarrhœa, hepatic pain < from pressure ; marked aversion for meals : bitter taste and pyrosis. *Dose* : 6x dil. four times a day.

Lachesis ; *vipera* ; *crotalus* : Icterus with constipation ; sweet or acid taste : great sensitiveness at the epigastrium ; burning and cutting pains in hepatic region. *Dose* : 3x trit. or 6x dil.

Digitalis : Abundant vomiting with choleraic diarrhœa. *Dose* : In benign cases 3x or 6x dil. ; but during choleraic symptoms 2 gtt. of in 200 grammes of water ; a teaspoonful every two hours.

Chelidonium majus produces, in healthy man and in animals, the icterus and other hepatic symptoms though not well determined. This

drug entered in the traditional treatment of hepatic diseases since the doctrine of the signatures.

4. MALIGNANT ICTERUS.—*Aconitum*: Jaundice, multiple hæmorrhages, prostration; restlessness; anguish; delirium; intense febrile movements. *Dose*: 0, $\frac{1}{2}$ drops in twenty-four hours.

Phosphorus: The pathogenesis of phos. is so similar to malignant icterus that this disease has been taken for phosphorus poisoning. Icterus; vomiting; fever; delirium; followed by coma and death. Hypertrophy of the liver followed by rapid atrophy with fatty degeneration of hepatic cells. *Dose*: 3x to 6x dil.

Lachesis: Its action is perfectly homœopathic to this stage of the disease.

Arsenicum and *mercurius* are also indicated.

REMEDIES IN MORVAN'S DISEASE.—Dr. Samuel Lilienthal, in the *North American Journal of Homœopathy*, for August, in an article on "Morvan's Disease," suggests the following remedies:

Thuja Occidentalis. Erysipelatous swelling of the tips of the fingers and of the fingers; nails are crippled, discolored, crumbling; twitching of muscles of the arms; coldness and sensation of deadness of the fingers and of the tips of the fingers; stinging pains in the arms and in the joints; emaciation and deadness of the affected parts; dirty and brownish color of the skin.

Silica: Scoliosis, complementary to thuja.—Chronicity; emaciation and atrophy of the affected parts; paretic states; nails rough and yellow; pain as if paniritium would form on left index; dryness of tips of fingers; ulcers about nails; felons, with violent shooting pains deep in the fingers, with great restlessness and irritability.

Sodium Sulphate: Correlated to thuja. Later stage, when paronchia sets in, painless or with hardly any pain; twitchings of the hands; trembling of the hands on awakening and also when writing; loss of strength of the hand, is unable to hold anything heavy; tingling, ulcerative pain under the nail, internal coldness, with yawning and stretching.

Meserum.—Emaciation of single parts (selenium); rachitis, inflammation, softening and caries of bones; ulcers of bones with morbid interstitial growth of soft parts; tearing jerks in arms and fingers; painful darting and grumbling in the phalangeal bones, in paroxysms; sore pain under the nail of the right thumb, especially felt when pressing upon the part; great sensitiveness to cold air, chilly even in a warm room; ulcers about the joints of the fingers, very often painless (borax.—sepia).

Sellnium "has emaciation of face, thighs, hands and may be therefore of service in that sclerodermitis deformans with its characteristic mark of the face so graphically compared by Gilbert to the stony mark of Niobe."

Graphites.—Emaciation of the hands, distortion of the fingers, gouty nodosities on the finger-joints; thick and crippled nails; soreness between the fingers; sensation of debility without pain, and liability to take cold cracks and fissures.

Sepia.—Diseased and crippled nails, with painless ulcers on the joints and tips of the fingers, and paralytic drawing and tearing in the arms and fingers. Venosity and stagnation; neurasthenia and paresis.

OH-DON'T-LOGY.

DON'T make your (college) lectures so learned that the average student cannot follow you clearly.

DON'T put the cart before the horse—meaning by that making the study of the Organon a post-graduate course.

DON'T put Gray into your student's hand, or any medical text-book, until he has read the Organon and understands it.

DON'T ask a question of a patient that must be answered by "yes," or "no." Consider yourself a tyro if you do it, says Hahnemann.

DON'T suppose because a woman is a woman she is more likely to be sick than a man; they are curable by exactly the same methods as men.

DON'T forget the value of glonoine when in a severe illness the patient's tongue, upper and under surface, is completely coated a decided bluish-white.

DON'T buy very many more pessaries, their day in the old school has practically gone by, with the exception of the stem pessary, and of this they are very much afraid.

DON'T hold up Hahnemann with one hand as a master mind and a bright exemplar for all ages, and with the other hand beat him down for a crank and enthusiast.

DON'T wear stays if you are a woman; the pressure exerted on the liver is transferred to the gall bladder and its ducts, with the result of formation of gall stones.

DON'T be in such a beastly hurry to swallow all that Koch says. And above all things, don't give him greater credit than he himself claims. Remember the Brown-Sequard rocket.

DON'T resist honest information, even if it surpasses your present comprehension. It is never too late to learn. Hahnemann was a painstaking student to the last hour of his life.

DON'T resist information which may come to you along lines you never dreamed of before, if you are a student. The colleges are apt to have the best and latest additions in every specialty.

DON'T assume that honesty of opinion is the attribute only of a disinterested outside party. Interested persons may yet be inherently honest; the facts as presented must speak for themselves.

DON'T be too liberal. A homœopath has no scope for liberality. An honest man may be so liberal as to be really dishonest. A man without enemies has also no friends. A shadowless object is a *non sequitur*.

DON'T refuse to investigate and thoroughly understand the law of homœopathy before you ridicule potency, non-repetition of dose, sac. lac., and other things unknown to you. Remember what *Hamlet* said to *Horatio*.

**[REPERTORY OF THE LUNG SYMPTOMS FOUND IN HERING'S
CONDENSED MATERIA MEDICA.**

By EDWARD R. SNADER, M.D.,

Lecturer on Physical Diagnosis at Hahnemann Medical College, Philadelphia, Pa.

(Continued from page 442.)

With slow, full pulse—*Gelsemium*.
With quick, small pulse—*Sanguinaria can.*
With palpitation (violent)—*Kali carb.*
With pain in left arm—*Kalmia*.
With backache—*Bismuthum, Capsicum*.
With diarrhoea—*Dulcamara*.
With hepatic inflammation—*Kali carb.*
With bilious symptoms—*Mercurius*.
With coldness between scapulæ—*Natrum. carb.*
With face and hands cold—*Sanguinaria can.*
With hands and feet burning hot—*Sanguinaria can.*
With amenia—*Caulophyllum*.
With hysteria—*Cocculus ind.*

PECULIAR SYMPTOMS.

Pain as if chest would fly to pieces—*Sulphur*.
Pain in chest as if cut to pieces—*Zincum*.
Pain around both lungs as if constricted by a thin wire.—*Asarum*.
Pain as if something pressed out of chest—*Valeriana*.
Heart feels as if in too small a place—*Eupatorium per.*
Pain as if right lower lobe was adhering to ribs—*Kali carb.*
Pain in left side of chest, as if the lung moved in waves—*Kali carb.*
Pain in chest as if too full of wind—*Lachesis*.
Burning in the chest as from glowing coals—*Carbo veg.*
Must press on the chest with the hands for relief—*Drosera*.
Must hold the chest with the hand—*Bryonia*.
Must hold the breath and cannot cry out—*Bryonia*.
Shooting pains in the side of the chest, must cry out—*Cuprum. met.*
Sudden stitches and darts through the chest, extorting screams—
 Chamomilla.
Stitches like knives, in quick succession—*Lachnantes*.
Cannot bear percussion and auscultation, chest so sensitive—*Cinchona*.
Pain in the chest as if it were all raw—*Gambogia*.
Pain in the chest as if ulcerated—*Pulsatilla*.
Small sore spot, as from subcutaneous ulceration—*Ranunculus bulb.*
Pain in the chest as from a sprain—*Kalmia*.
Awake from transient feeling of great soreness throughout whole
 breast—
Cramp-like contraction over both chest and back—*Mezereum*.
Pain like a cutting cramp through left chest to scapula—*Natrum. mur.*

CAUSATIVE CONDITIONS AND CLINICAL INDICATIONS.

Caused by mental excitement—*Aconite*.
Worse from any emotion—*Phosphorus*.

Persons who flush easily and get epistaxis, dyspnoea, and palpitation—
Ferrum.

Caused by exposure to dry cold air—Aconite.

Caused by checked sweat—Gelsemium.

After wine—Aconite.

After pneumonia—Ranunculus bulb.

After inflammation of lungs—Sulphur.

From overlifting—Sulphur.

Especially in phthisis pulmonalis—Guajacum.

From flatulence—Chamomilla.

From flatulent colic—Ignatia.

AGGRAVATIONS.

TIME.

DURING THE DAY—Calcarea phos.

MORNING—Squilla, Kreosotum; morning till noon—Kreosotum.

AFTERNOON—Alumina, Lachnantes, Sanguinaria.

EVENING—Benzoic acid.

NIGHT—Alumina, Mercurius, Pulsatilla, Kali carb., Semex.

—— in bed—Semex.

—— 3 A.M.—Kali carb.

REST.

DURING REST—Cyclamen, Rhus. tox., Lachnantes.

MOTION

—— Arnica, Bryonia, Cinchona, Calcarea, Cyclamen, Hypericum,
 Lachnantes, Muriatic acid, Psorinum, Secale, Spigelia, Sarsapa-
 rilla, Sulphur, Guajacum, Zingiber.

—— sudden—Cinchona.

—— violent—Muriatic acid.

—— motion of the head—Guajacum.

—— least—Spigelia.

—— during—Cyclamen.

—— every—Sarsaparilla.

—— during least—Sulphur.

—— after—Zingiber.

**WALKING—Ammonium carb., Belladonna, Bismuthum, Bromium,
 Conium, Kali jode. Rapidly—Bromium.**

GOING DOWNSTAIRS—Alumina.

RIDING IN A CARRIAGE—Alumina.

DURING MOTION AND REST—Cyclamen.

POSITION.

LYING—Pulsatilla, Natrum.

—— only—Pulsatilla.

LYING ON THE BACK—Sulphur.

LYING ON THE RIGHT SIDE—Aconite, Kali carb.

LYING ON THE LEFT SIDE—Ammonium carb., Caladium, Stannum.

LYING ON THE AFFECTED SIDE—Calcarea carb.

RAISING UP IN BED—Ammonium carb.

BENDING FORWARD—Cinchona.

BENDING BACK AND TO THE RIGHT—Rhododendron.

BENDING TO EITHER SIDE—Benzoic acid.

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FRANK KRAFT, M.D., EDITOR.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

THE fortieth annual meeting of the Homœopathic Medical Society of the State of New York was held in the Common Council Chamber, City Hall, Albany, beginning Tuesday, February 10, with Dr. Geo. M. Dillow, of New York, in the chair. The proceedings were opened at 10.30 A.M. with prayer.

President Dillow then followed with a statement of the general purposes designed to be accomplished by this session, which eventually took the form of an address, in which all the topics of interest were fully entered upon and masterfully handled. Particularly among these was the Middletown Insane Asylum question, and also the impossibility of amalgamation of the schools.

On motion by Dr. Helfrich, Dr. Beebe was appointed to act as treasurer *pro tem.*, the treasurer, Dr. A. B. Norton, being unable to attend.

The president appointed Dr. Vandenberg and Dr. Hasbrouck as committee on attendance.

Dr. F. P. Lewis and Dr. Willis, Dr. Greenleaf and Dr. Lee were appointed a committee on president's address.

The auditory committee appointed were Drs. Fisk and Helfrich.

The secretary states that a copy of the printed transactions was expressed to each member in good standing on February 6, and submits the printed transactions as the minutes of the last meeting. On motion the reading was dispensed with.

Treasurer's report was then read by Dr. Beebe and referred to the auditory committee.

The secretary moves that the balance remaining from the special fund set aside for the printing of work of the legislative committee be turned over to the chairman of legislation, to be used for the same purpose in the American Institute or elsewhere.

Report of board of censors made.

Election of permanent members called for—consisting of the names of twenty-four members having made application at the last semi-annual meeting. Duly elected.

Jas. C. Wood, M.D., E. H. Linnell, M.D., were elected honorary members.

On motion of Dr. Hasbrouck, Dr. Frank Kraft of Cleveland, O., was extended the privileges of the floor.

The secretary nominates Dr J. T. Greenleaf of Owego for the Regent's degree, which under the by-laws goes to a committee.

Nominations of officers called, Dr. F. Parke Lewis of Buffalo was put in nomination for president by Dr. Lee.

A committee was appointed for the purpose of nominating vice-presidents.

Dr. Jno. L. Moffatt nominated for secretary.

Dr. A. B. Norton was nominated for treasurer, but the nomination was declined, and on motion of Dr. Hasbrouck, Dr. Beebe was nominated.

Dr. H. G. Schenk was nominated for necrologist.

Dr. H. M. Paine reads the report of the committee on legislation, concluding with a series of resolutions relating almost wholly to the Middletown Insane Asylum. Pending the action of the society a heated discussion was entered into by Drs. Greenleaf, Talcott, Lee, Butler, and others, but at the conclusion thereof the resolutions were passed.

The auditing committee reported the treasurer's accounts as all right, and moved a vote of thanks to the retiring treasurer. Recess till 2.30 P.M.

AFTER RECESS.

The gynæcological bureau had but one paper, which was the description of an operation. Dr. Danforth then read, in the obstetrical bureau, a paper mailed to him by C. E. Walker, entitled "Treatment of the pregnant woman prior to confinement." He said that the word *encierte* meant ungirdled, it being the custom of the Roman matrons to remove the girdle "the fascia mammillius" worn at other times. He advises that if the pregnant woman of to-day would lay aside the corset as soon as pregnancy was known there would be very much less of bad breasts. The essayist added the opinions of many of our prominent physicians which he had solicited. Among these are Drs. Danforth, C. Wisselhoef, Searles, Hasbrouck, Gorham, Sheldon, Laird, Dayfoot, Couch, Hand, and S. N. Brayton, the latter of whom gives a rather ponderous formula for the pregnant woman called "Mother's Cordial."

Dr. Danforth read a very learned paper on "A plea for strict asepsis and antisepsis in private midwifery practice."

Dr. Van Denburg took issue with the essayist, saying that in his

practice he found absolute cleanliness and pure water to fail to accomplish all that is claimed for these antiseptic solutions. Dr. Brayton thinks the whole question resolves itself in cleanliness and care, and doesn't believe that bichloride of mercury is any better than water.

Dr. Lewis presented, "The legal status of midwifery in the State of New York," in which he first adverted to the startling prevalence of ophthalmia neonatorum among children delivered by midwives, then spoke of the other imperfections attributable to the ignorance of this class of people; he advocated legal measures, and moved a committee to take up especially the question of blindness before the State Board of Health.

Dr. Wright suggested the district nurse system, because otherwise the poor will go to the ignorant because they are cheap.

Drs. Wyman and Partridge of Vermont were granted the privileges of the floor.

Dr. Van Denburg gave a unique paper on "An Old Antiseptic," from which it appeared that he made use of fine cut chewing tobacco as a dressing for wounds and a douche of strong tobacco water for uterine troubles. He claimed no suppuration and no odor.

Dr. W. M. Decker spoke on the topic, "It is hazardous to prescribe without a diagnosis," and in a paper of twenty-five minutes length pretty conclusively proved to his own satisfaction that Hahnemann was a numskull to have explained all latent disease as psora. Said the lecturer: "When Hahnemann couldn't cure a case he called it psora." Koch is king! Hahnemann gave us a name and a principle of practice, but Jenner, Pasteur, and Koch are the true inventors, because they gave us something that could be put under the microscope or could be tasted. Long live Koch!

Dr. Willis spoke at some length on the manner of setting and holding in place a fractured limb with a plaster solution.

Dr. Brayton recommends the straight splint in dressing Colles' fracture.

The secretary read a paper on "Hæmaturia," by F. E. Doughty, of New York.

Dr. Dewitt G. Wilcox presented, "On the advisability of operating for cancer," in which he held that internal medication could not cure cancer.

Drs. Hasbrouck, Brayton, and Willis participated in the ensuing discussion, the concensus of opinion being that arsenic is usually indicated and has a tendency to ameliorate in all cases.

8 P. M.

Gen. Curtis addressed the society on "Capital Punishment," favoring its abolition.

Revision of the constitution and by-laws is special order. Report of committee is presented to Dr. Moffatt and is acted on by the society.

WEDNESDAY, FEBRUARY 11.

Second Day—Morning Session.

Opened a little tardily owing to the lateness of the hour of adjourning.

Dr. Schenck read the necrologist's report, paying tribute to the number who had passed beyond. In especial was the eulogy to the memory of George S. Norton, which was eloquent.

Clinical medicine was opened by Chairman J. M. Schley, and Dr. Phillips read, "Death following administration of chloroform," consisting of a case of neuralgia in a woman with filled teeth; when under a dental operation the patient died in the twinkling of an eye.

Dr. Graham says, in the discussion, that he believed the chloroform had practically nothing to do with the fatality, as he attributes it to the rupture of a blood-vessel in the medulla oblongata.

Dr. O'Connor presented a learned paper, "A case of hysterical spasm simulating tetany and giving rise to erroneous diagnosis of pleurisy."

Dr. Butler followed with "Alcoholism."

Dr. Schley asked that his own paper be read by title.

Dr. Greenleaf presented the report of presidential address committee.

Dr. F. Parke Lewis was unanimously elected president; Dr. A. B. Norton, first vice-president; Dr. Jno. L. Moffatt, secretary; Dr. Beebe, treasurer; Dr. Schenck, necrologist.

Drs. Greenleaf and Dayfoot were elected to the Regent's degree.

Drs. W. Holden, H. M. Paine, and W. H. Watson were elected to seniorship.

The remaining session of the society was devoted to the election of medical examiners; a few papers were read *in extenso*, but the great majority were simply read by title.

Seventy-nine members attended the sessions, among whom were many ladies, but none of these took any active part. The session was characterized by a pleasant degree of unanimity and sincerity. With but one exception the meetings were homœopathic, the members being evidently proud of their "badge of irregularity." The New York Society still stands in the fore as a homœopathic society, and one of whom the profession has just cause to be proud.

The semi-annual meeting was agreed upon to be held at Elmira on September 15 and 16.

ANNUAL ADDRESS OF GEO. M. DILLOW, M.D., PRESIDENT.*

The preceding topic opens up the interesting question of how, for the

* Extract from.

present, relations of the school should presumably admit of unlimited power by allopathic physicians over homœopathic institutions. The impression is now often sedulously conveyed that the schools are so close together and so friendly that the matter of medical bias need not enter into the consideration of the public authorities and the people in general. But is such an impression warrantable? To my mind the hostile intent of the old school toward our own is as manifest as when the blunderbuss and boomerang were more naïvely fired against us. Methods of attack are more gloved, disguised, and subtle, but the attacks go on unrelentingly, in one form and another, open or indirect as chances against self-injury may offer. More palatable medicines, smaller doses, imitations of our pharmacy, and the condescending sort of *sub rosa* consultations, are only concessions to the forces of lay, not professional opinion. There is, to be sure, a certain amount of unacknowledged use of drugs as our principle has led us to employ them; but where is the evidence that such use is more than a passing empiricism, and when do *we* find in old-school literature any appreciation of *similia* as a useful guide in therapeutics?

Homœopathy, even as a possible science of therapeutics, is scouted as much as ever; we are still banned as no physicians or irregular physicians because we avow in our name that we employ a general therapeutic law for the discovery of the curative powers of drugs and their rational employment in disease; what disabilities we put upon us because we so avow, and because we unite to defend our rights against unprofessional aggression, while we pursue our study of medical science and homœopathic therapeutics!

There is not one of their organizations within my knowledge in this country, which we can enter while we retain our connection with homœopathic societies. There is no society of the old school, within my knowledge, to which any graduate of a homœopathic college has been admitted unless he has denied, in roundabout phrase, that he bases his practice upon the homœopathic principles. There is not a graduate of a homœopathic college, who, being only such, has ever served as interne or attending physician in any hospital where old-school physicians, directly or indirectly, have controlled the power of appointment. Not one of us, whether we hold our diplomas from self-styled regular or homœopathic colleges, is recognized as legally qualified to vouch as preceptor for any student who would seek to get the diploma of any old-school medical college of New York State. No student who has partially completed the term of medical study prescribed by law in a homœopathic college, can have that time counted by any old-school medical colleges of New York State, as equivalent to time spent in the study of medicine. After granting instruction to homœopathic graduates for a number of years, one of the *two* old-

school post-graduate institutions of New York City has withdrawn, during this past autumn, that privilege.

At the inaugural ceremonies of the building of the New York Academy of Medicine a few months ago, the president of that body employed the occasion of an opening address before a popular audience to inform it that, "There is no place in the broad field of scientific medical inquiry for the would-be medical man who talks of the potential power of infinitesimal abstractions, and the so-called scholastic illusions," by which he meant, of course, that there was no place in the Academy for a homœopath, who is only a "would-be"; while on the same occasion the otherwise genial poet-anatomist, he whose feelings were so painfully perturbed by the sight of a bust of Hahnemann from his hotel window when abroad, took pains to write: "Long may it be before the wholesome barriers are weakened that separate the thoroughbred and scientific practitioner from the plausible pretender with his pseudopathy and pseudotherapy," which, of course, were intended as open pseudonyms for homœopathy. Yet members of this same august Academy have since connected their names at break-neck speed in the public press with the use of Koch's parataloid, diluted to more than the third decimal attenuation of the homœopathic scale, the crude fluid containing, according to Koch's estimate, if we may believe Sir Joseph Lister, not a thousandth part of the active principle, which is a nasty "nosode" in homœopathic terminology! Let us remember that this meeting is but the morning after the battle, in which we ended successfully the long campaign against the determined effort of the old school to grasp the State power of licensing practitioners in the interest of a thoroughbred and scientific medical monopoly of the most approved and regular variety. I enumerate these facts, not to incite bitterness of feeling, which we are thankful to see gradually weakening under the pressure of our growing power, and the working of the leaven of liberty upon the unscientific and unethical prejudices of the profession, but to remind us that it is wise to explore well the cavities of the wooden horse before we tear down the walls of Troy. As a Greek was for Greece, so need we to assume that an old-school physician in official place cannot, however conscientiously impartial may be his desire, entirely eliminate the bias of the medical associations which bind his freedom of action as disinterestedly with friendly sympathy the interests of a system of medicine and a school of practitioners which exist against his private convictions.

NEW YORK SOCIETY—PERSONAL.

President Dillow, our medical "Gentleman George," presided with easy grace and pleasant dignity: and his eloquent tribute to Homœopathy was highly appreciated.

Dr. S. H. Talcott, as big as he is handsome, was heard on equal rights and fair play, and was awarded applause.

Dr. Butler had considerable to say against the circumlocution office of the Commissioners in Lunacy. He intimated that the "political pull" would bring the Commissioners to time.

Dr. H. M. Paine, with four outside and three inside pockets to his coat, all filled and bagging out with Whereases and Resolutions, not a minute older than at Waukesha, and with his bundle of manuscript not one sheet less. But somehow he manages to "get there" just the same.

Dr. J. L. Moffatt, with his King Philip forehead, was on the alert for the convenience and expedition of the meeting.

Dr. Hasbrouck admits that his anti-old-school-advertisements-in-homœopathic-journals-argument was but little heeded.

Dr. A. R. Wright was all right, slipping about the council chamber on tiptoe, emphasizing his little points with his eye-glasses on the other fellows' coat buttons.

Dr. Fisk has a gleaming, glittering, glistening, gone-ness of hair, and an unusual hirsute appendage on lip and face, that gives him a little resemblance to Darwin.

Dr. Lee emulated Dr. Obetz's *faux pas* at Niagara—nominated a man and forgot to say for what office. The boutonnière was lovely.

Dr. Helfrich is a little nervous, but a worker and no mistake.

Dr. Van Denburg, a leetle older but still in the ring.

Dr. L. L. Danforth, our Adonis, reads in a resonant voice and is well primed on antiseptics.

Dr. W. M. Decker looks as though he had "burst" a blood-vessel while digging for sarcasm withering enough to forever belittle Hahnemann's psoric theory.

Dr. Harrison Willis is our Bismarck in stature and face. He read a fine paper, one of the few receiving applause.

THE OPEN COURT.

—At the last meeting of the Association of American Medical Editors, the report says that, "The statement that Dr. Hills (of the *New York Medical Times*) had, within the past year, renounced homœopathy was received with applause." Yet this same renegade gives monthly lectures to the homœopathic profession as to what they ought or ought not to do, and in the garb of a reformer is doing all in his power to discredit the principles of homœopathy and disrupt its organizations. The worst of it is, that many thoughtless homœopathic physicians are giving him aid and comfort in his nefarious designs.

At the same meeting, Dr. Hills was present at the banquet and responded to the toast:

"Medicine—Broad Enough to Include Every Honest Member

Desirous of Benefiting Humanity."—*Northwestern Journal of Homœopathy*.

Come, come, Brer. Cowperthwaite, this will never do. Brer. Hills wasn't within a thousand miles of that convention; and you wouldn't blame a man surely, for what some one else said of him? How could you? We have no more love for the teachings of the *New York Medical Times* than you have; but when it comes to "jumping on" Dr. Hills as a man and as a practitioner—why that's a gray horse of another color. Don't do it, brother. Sometimes our best intentions are misunderstood and a sinister purpose predicated. We have always credited the *Times* with honesty of purpose throughout its struggle with its opponents, and, however wrong its position seemed in our judgment, still we never had occasion to believe its rejections of the word "Homœopathy" to be founded in aught but an earnest desire to bridge the yearly narrowing chasm between the schools. Those of us, especially editors, reading the output of all the schools have not failed to note the many almost innumerable ways in which the old school is coming up to us—*vide* the Koch experiments. And will you say, brother, that seventy-five of every hundred homœopaths to-day are not largely allopathic in their practice? You have had two notable opportunities to reprimand the allopathic-homœopath; once in the Institute, and latterly in a State Society; so you surely know of the degeneracy of the times; and the tendency toward a standard which we old-fashioned, hide-bound, all-wool-and-yard-wide homœopaths do not understand.

—Dr. M. O. Terry appeared before the quarterly meeting of the Oneida County (N. Y.) Homœopathic Medical Society, held in Utica Y. M. C. A. building, January 20, and gave an eloquent address on "The Relation of Inoculation to Homœopathy," wherein he traced with master hand the intimate relation between homœopathy and vaccination, Pasteur's rabies cure and Koch's tuberculosis cure.

—To take a familiar comparison, let us suppose that a patient requires an anodyne, and that opium is the appropriate remedy, but no one would expect the desired result from a single drop of the tincture of that drug.—*New York Med. Times*.

That is to say, in a surgical need, where a splint is required because he practices homœopathy, the physician must give only drop doses of a potentized extract of "splints," but no splint. Now, Brer. Guernsey, you know better than that. You know in your inmost heart that homœopathy expects no man to make a fool of himself: that if chloroform is indicated chloroform is given; if opium is indicated, opium is given; and neither chloroform nor opium if *indicated* is given in the CM. No one ought to know this better than you, Dr. Guernsey, for

you taught homœopathy once upon a time. Let us be honest, even if not friendly to the cause.

NITRIC ACID HEADACHE.—“A patron of mine came into my sanctum last week to get a remedy for his wife's headache, and related, among other symptoms, that any little jar, even any person crossing the floor in an adjoining room, hurt the head and made it ache worse. I forthwith took down my nitric acid 200, and prepared one powder to be taken at once, and followed with placeboes, with instructions to report next day. The report came promptly that the headache began to improve from the time the first dose of medicine was taken and was soon well.”

Personally I have a high regard for the accurate prescriber, and after complimenting him on his skillful work asked him why he had selected nitric acid with so much assurance in this instance. To my query he replied that had the case come a day sooner he would have been at a loss to know what to give. But he had just read in one of his journals of the prompt cure of a similar case. In the instance quoted the patient was so sensitive to the vibration caused by the tramp of passing feet upon the adjacent sidewalk, that it had to be covered with tan-bark to obviate the trouble. Nitric acid cured the case. “Now,” said he, “I just salted down that bit of information and found that my authorities verified it.”—*A. M. Linn, M.D., Med. Argus.*

—Dr. H. W. Champlin of Towanda, Pa., writes:

I have for several years used the following method of producing general anæsthesia. I do not remember having seen the method mentioned in medical literature and I do not know of any one using chloroform and ether after this manner.

I first quiet the patient with the smallest amount of pure chloroform and then I proceed to administer ether according to the usual mode. Of course I exclude cases of weak heart or kidney lesions in which these agents are contra-indicated, but the risk in any case is not so great as in the usual mode of administering. The patient is quieted with a very small quantity of chloroform and the quantity of ether necessary to maintain this anæsthesia is comparatively small and the danger less than if the chloroform were continued. As the methods of administering the two agents differ I object to using any mixture of them.

PIPER METHYSTICUM (KAVA-KAVA).

By EDWIN M. HALE, M.D.

THIS plant, a native of the Fiji, Hawaiian, and other islands of the Pacific, has been partially proven by our Californian confreres. In my *New Remedies*, I give the pathogenesis, the therapeutical indications,

and some clinical experience. Its principal use has been in blennorrhagic disorders of the urinary system. According to Guhler it "has the power of moderating the inflammatory condition of the genito-urinary organs, and of reducing or suppressing muco-purulent catarrh of the urethro-vesical mucous membrane through an action at once diuretic and blenostatic." The word "suppressing" is not a good one. We should never give enough of any such drug to *suppress* a discharge. If we do we shall cause a species of blood poisoning, resulting in orchitis or rheumatism if the blennorrhœa treated is specific. Kava-kava differs from other remedies for gonorrhœa, in that it does not cause chordee, but *erotism* without priapism. The discharge is profuse but bland, and the pain or dysuria is not severe.

The provers of Piper, naturally observed many nervous symptoms of a peculiar character. The intoxication is peculiar; there are singular illusions as to the *size* of the head and other parts of the body (Acon.). There are sensations of numbness. Violent trembling, as a secondary effect. The *pains* are to a certain extent illusory, for they appear to cease when the mind is directed to other subjects.

No drug gives us a better picture of the symptoms leading to "brain-fag." But the cerebral paresis is secondary, while that of Picric acid is primary. One prover, Dr. Griswold, was cured of brain-fag while proving it.

It ought to be useful for gastro-internal catarrh; indeed, in my own case I have found it act better than Hydratis. Kava contains a constituent (Kavaine), which acts on mucous surfaces similar to cocaine, and this increases its remedial power in gastric catarrh accompanied with irritation of the gastric mucous membrane. A few drops of the tincture, diluted, taken before each meal, has a very soothing effect in pyrosis and heartburn.

A valuable addition to our provings will be found in a recent study of Kava-kava, by David Cesna, M.D., assistant in Physiology in the University of Pennsylvania. Alluding to the intoxication, he quotes Kesteren, in the *Therapeutic Gazette*, who says : "The plant possesses stimulating, but not, as has been frequently stated, intoxicating properties. The preparation used by the natives is made exclusively from the root (which is masticated, and spit into a bowl, and in that state used as a beverage.—*Hale*). A night's carouse, however, of Kava-kava, as frequently indulged in by the natives, impairs the function of locomotion, and you have the curious spectacle of a man utterly drunk in his walk, while his intellect is unclouded; he is unable to control the movements of his legs, but is perfectly aware of his disability."

Dr. Cesna's experiments are too extensive to be given in this paper, (see *Therapeutic Gazette*, January, 1891), but from them he makes the following deductions :

From my own, and from the general experiments of Lewin, Dupuy, and Randolph the following effects are noticed: Taken internally or through hypodermic injections, the drug produces an increased flow of saliva, a burning sensation in the mouth, followed by a marked numbness, a general depression of nearly all the normal functions, and lastly paralysis, this being most noticeable in the hind extremities, especially in the case of the frog. In a completely paralyzed batrachian, under the influence of the drug, mechanical, thermal, chemical, or electrical irritations produce no effect; although in every case, after death, faradization of both nerves and muscles produces the corresponding contractions, showing that these tissues remain unaffected.

Simply placed on the tongue, the drug produces a momentary burning sensation, with increased secretion of saliva, which is soon followed by a local numbness, lasting for over an hour. After a short time the increased secretion of saliva and the decreased sensibility of the mucous membrane of the mouth and throat cease.

The same results are observed on the conjunctiva and cornea. When the drug is directly applied to these parts, sensibility is lost in a very short time, and this condition, which allows the eye to be irritated and even scratched without the animal evincing any signs of pain, lasts for a considerable time. The great muscular weakness observed in the higher animals, under the action of the poison, is undoubtedly of spinal origin, as the superior nerve centers retain, in these circumstances, their normal functional activity, especially in the case of man.

Moderate quantities produce stimulating effects, especially on the central nervous system. Small doses excite, and larger doses depress the circulatory system; and, finally, in sufficiently poisonous amounts, Kava-kava produces death through failure of the respiration or through cardiac paralysis, especially the former.

There are many points of resemblance between Kava-kava and Conium. The fact that they both cause paresis of the genital organs primarily, and that erotism exists, while the power of erection is absent, shows that both are homœopathic to paresis, and even paralysis of the lower extremities and the cord below the lumbar region. But finally, both cause cerebral paresis. The impairment of functional activity seems to progress from below upward in the spinal chord. Kava-kava is worthy a more extended use. I prefer it in many cases to cubebs and copaiba in its action on mucous surfaces, unless the latter are strongly indicated. It has proven useful in several cases of copious bronchial catarrh, where the respiratory powers and the heart had become weak, especially in old people, or feeble women and children. In doses of 10 to 20 gtts. of the tincture it certainly increases the power of the respiration and the action of the heart. From the foregoing study Dr. Cesna deduces the following conclusions :

1. Kava-kava produces general anæsthesia, and is especially a powerful local anæsthetic.
2. The drug diminishes, and finally destroys, the function of the afferent nerves by affecting their peripheral ends.
3. Kava-kava diminishes, and eventually abolishes, reflex action, by influencing the spinal cord, and probably also the sensory nerves.

4. The paralysis produced by Kava-kava is of a spinal origin, and is due to an action upon the chord.

5. Kava-kava, while increasing the force of the heart, diminishes the number of pulsations by stimulating the cardiac inhibitory centers and ganglia, chiefly the former.

6. The drug lowers arterial pressure through an action upon the vagi. It afterward elevates it, however, especially after previous divisions of the pneumogastriacs, by a direct action on the heart.

7. Kava-kava at first stimulates, afterward depresses, and finally paralyzes, the respiration. The primary stimulation is due to excitation of the pulmonary peripheries of the vagi; the latter effect, to an influence exercised on the respiratory centers of the medulla oblongata.

8. Kava-kava in small doses, increases slightly, and in large quantities diminishes, the bodily temperature.

9. The drug increases notably the salivary secretion.

CHICAGO, ILL.

CONSUMPTION CURES.

By B. F. UNDERWOOD, M.D.

OF the making of consumption cures, to paraphrase the words of King Solomon the wise, there is no end, and the unfortunate victim of the disease is offered the choice of treatment ranging from inoculation with a fluid,—which an observant physician declares to be more dangerous than the bite of a rabid dog,—through germicidal injections of thymol, saturation with chlorine, and diet dosing, down to the ingestion of the attenuated tubercular virus.

The most prominent of these remedies, the Kochine lymph, owes its factitious importance more to the fame and professional standing of its inventor than to its own intrinsic merits. Based upon the assumption that the so-called tuberculous bacillus is the cause of the disease and directed against the bacillus rather than against the disease, its failure could have been predicted with absolute certainty from the very inception. For no germicidal treatment, however successful it may be against the bacilli, ever has or ever will cure consumption. The germ theory of the disease, the outcome of the desire to find a tangible cause, entirely fails to account for the cause and nature of consumption.

Clinical observation extending over centuries has proven consumption to be a disease of inheritance, descending from generation to generation, and not a disease of contagion. This fact alone is sufficient to disprove the bacillus theory were other proof wanting, for if the disease be the result, as claimed, of a specific contagion, it must spring from that cause alone, and from no other, and inheritance would play as small a part in its causation as it does in that of small-pox or scarlet fever.

Proof upon proof might be brought forward to show the fallacious

nature of the evidence cited in favor of the bacillus theory, but the failure of this latest germicide will probably consign the bacillus theory to the limbo of dead hypotheses, and direct attention to more reasonable and more scientific methods of treatment.

Consumption is a disease of debility, arising from defective vitality, generally inherited, but which may be induced; a general, not a local condition; and the manifestation of tubercles in the lungs is but a link in the chain of morbid changes. A decided factor in its production is an impoverished condition of the blood. It was shown by Andral and Magendie nearly fifty years ago that consumption was a disease incompatible with normally developed blood, and that when the blood was in its normal condition, that is, when it contained twelve and a half per cent. of red globules, neither consumption nor any other disease of debility could arise, but when the proportion of red globules had diminished twenty, thirty, or forty per cent., a state of declining vitality existed, in which diseases of debility necessarily arose, and under favorable conditions tuberculosis was inevitable.

While the failure of Dr. Koch's lymph as a cure for consumption has been thoroughly and completely demonstrated, its failure as a germicide has been no less thoroughly proven, for a germicide intended for use upon man should not be injurious to the patient, and the Koch lymph, even according to the testimony of its advocates, is an exceeding potent and dangerous compound, for Prof. Koch himself is quoted as saying, "If it were placed without reserve in the hands of all practitioners, more deaths would result from its use than were ever caused by consumption."

It is also stated that the physician of the Grand Duke of Mecklenburg, who is a sufferer from consumption, applied to Koch for a guarantee that it would not kill the Duke if it did not cure him. This Koch declined to do, but he offered to show the Duke's doctor a *post-mortem* examination of a patient who had died under the treatment, and then let him judge for himself! Up to the present we do not hear that the patient has been inoculated, and we do not anticipate that he will be.

Of the other alleged new cures for consumption, the somewhat famous criticism will apply, that while they are new and good, what is new is not good and what is good is not new. The new cure promulgated by Dr. W. H. Burt, nearly a year ago, and which consists mainly of a diet of carbo-hydrates and water, is good as far as it goes, but diet cures have been part and parcel of the best treatment of consumption for lo, these many years.

There can be no question but that diet is a powerful factor in both the cause and cure of the disease, but to obtain a cure by this alone it would be necessary that we adopt the suggestion of Dr. O. W. Holmes and begin treatment two or three generations back.

Another new cure which ruffles the quiet in Detroit, where Drs. E. S. Shurley and H. Gibbs assert they have developed the correct theory of consumption and formulated the infallible remedy, is rather a resurrection than a new birth. As usual, the bacilli are at fault, and are to be annihilated by saturating the system of the patient with iodine and chlorine. This is somewhat difficult of accomplishment without annihilating the patient as well as the bug, but the doctors claim to have solved the problem. Iodine was tried for a time and discarded. A greater measure of success was attained with chlorine, the chloride of gold and the chloride of sodium being used in the course of their experiments to secure the necessary degree of saturation. Iodine was again tried, and after saturating a few monkeys to annihilation they are now ready for the treatment of men. When a patient comes for treatment he receives a hypodermic injection of iodine or of chloride of gold, is put into a "spray-room," where the air is laden with a solution of either chlorine or iodine, and at another time he is placed before the "inhaler" and made to inspire the gaseous form of the drug without exposing the body to the same.

The treatment may have some value, but is certainly not novel, for the use of iodine in consumption and occasional cures thereby have been reported in both schools of practice. Nor is the use of gold a novelty, for its tonic effects, therapeutically as well as financially, have long been familiar to homœopathic physicians.

"For gold in phthisic is a cordial." For phthisic in the quotation above we might substitute phthisis, for Dr. Drzewiecki, of Warsaw, has lately drawn attention to the similitude of the symptoms of Aurum muriaticum with those of phthisis. Of the result in his practice he says:

Aurum muriaticum given to the patients every three hours in dose of $\frac{1}{10}$ of grain, within five days produce a very visible effect—the temperature fell, transpiration and cough diminished, and after two weeks some undoubted amelioration could be detected by physical examination.

Out of eleven patients treated with Aur. mur. five recovered after five weeks' treatment without interrupting their daily occupations. These patients were in the first stage of phthisis. Two with a very advanced tubercular process in the lungs, who remained in bed the greater part of the day, after two months' treatment improved considerably. Four patients died, but they were *in extremis*.

After the above observations I venture to say that phthisis in the beginning state can undoubtedly be cured with Aurum muriaticum. Where, however, the tubercular process has already produced great devastation, although it arrests the process, yet the effects of it remain.

The remedy should be applied with certain precaution and not longer than five days, and afterward a pause of two or three days must be made. In one case 2x dilution produces good effect, in the other 3x dilution occasions symptoms of intoxication.

There is no doubt that in certain cases *Aurum muriaticum* will prove of value, and the homœopathist may make a note of it.

In the vapor of *Hydrastis*, Dr. Palmer, of Brooklyn, believes he has found a panacea for phthisis, and as an adjuvant to the properly selected remedy it is probable that *hydrastis* may do good service, but with this, as with other remedies, they are applicable to certain cases only. The cure for phthisis is not to be found in any single medicine or combination of medicines, but every case must be individualized and individually treated, for herein lies the only hope of cure.

And finally, we come to the end, for the present, of consumption cures, in treatment announced by Dr. Burnett, of London, who, fighting the devil with fire, finds in the attenuated virus of consumption its cure.

KEYPORT, N. J.

HINTS AND SUGGESTIONS TO YOUNG PHYSICIANS.

By H. E. BEEBE, M.D.

(Concluded from page 23.)

WHEN you enter practice, likely the profession in your town will all be friendly to you at first, until you begin to get practice and tread on their toes ; then you will soon be criticized and harassed. If you are to be a homœopathic physician you must expect such treatment. Pay no attention to these things, only to defend yourself in an honorable way when absolutely necessary, and that will not be often. By pursuing this course, in time all will be friendly to you. In my little city it was fourteen years before one doctor would even look at me. To-day we are on speaking terms and socially fair friends.

You will hear much about the code of medical ethics. Now, this code is embodied in two words : " Do right," the golden rule. Treat your professional brother as you would wish him to treat you.

You will frequently be called upon to condemn a poor professional opinion of a brother practitioner, but before doing this, remember possibly at the same time some one else is doing the same thing with you. Persons will come to you asking your opinion of the result of a piece of surgical work. Now, while it may not appear just right, at the same time you, with the same circumstances, might have had the same results. and this being just as good as any one could have done. It is no easy matter to look back, especially in accidental surgery, and know the exact state of affairs originally.

Next, speak no ill of a brother's work unless compelled to, for he may some time be consulted about your work, and remember we are all liable to mistakes.

You owe the profession something, not only individually but collectively. Just as soon as you can identify yourself with the local medical

societies, subscribe for at least two medical journals. You are entering a professional race and these are great aids in the run. While you owe this to yourself, you too have a part to perform in keeping up these auxiliaries to the profession.

Keep a record of your cases ; begin soon, if you do not now, you never will ; report them to the societies and journals, and do not forget to report your failures, as well as cures, for failures outnumber cures. It must be a very poor society or medical journal that is not worth what it costs.

Be not miserly with your experience, not only is this true with the profession, but with the laity. Our work is to heal diseases and promote the sanitary welfare of the people.

There are many things to do when called to treat the sick. The administering of the properly selected homœopathic remedy is often but a small part. If you can cure your patient without the use of drugs at all, do it. There are many adjuvants to cure besides drugs, and they are homœopathic. Drugs are not the only dynamics in nature.

There is something in hypnotism, faith cures, and even Christian science. Do not for a moment think I advocate them as promulgated to the people to-day. They have their uses and are based on nature's laws, the same as the law of similars. There is good in everything, but it is sometimes difficult to find it.

We devote entirely too much attention to the physical anatomy of our patients, when there is a spiritual anatomy that requires attention none the less. Not in the line of the theologian, but in that of the physician.

Mental therapeutics is a wonderful agent in our hands when properly manipulated. When a patient believes he will get well, the cure is half wrought, and when he believes he is sick, the disease is sometimes more than half fixed.

In many functional diseases the patient believes too much, while in organic diseases he does not believe enough. In the first, he will take, in his way, too good care of himself, while in the second he will neglect ordinary care.

Electricity is an agent you will often find of use in practice, and by all means study well hydropathic measures. Of the world-renowned water cures and noted climatic health resorts, there is far more in the regimen, hygiene, and out-door life, with absence of all business cares, to which the patient is restricted, than to any ingredient the waters possess, or any special atmospheric influence of the locality. Often the same measures resorted to at any other place would produce the same results.

The time is not far distant when the family physician will be employed as much to keep the people well as to cure them when sick.

Sanitary science is engaging an increasing share of attention each year, and while you may think you are not necessarily the teacher, you are considered such and will often be asked questions on sanitary affairs.

The people are crowding the medical profession closely on these questions. All sanitarians are not physicians, but all physicians are compelled to be sanitarians. What man most needs is a knowledge of his own nature and of the laws of physiology that conduce to health of body and mind. The road to health lies in obedience to these laws. Consider that more than half of old diseases are preventable.

Do not remain many years in practice without taking some post-graduate instruction. If it be but one week in some leading hospital that week will do you more good than months now. Get away from home and see how others do, associate with the leading men in the profession, as only in this way can you continue to keep in the van.

There is a foolish notion that we must go to Europe to get advanced ideas, while there are better facilities for real, practical, every-day work in our American hospitals, than in the old world. I believe this is true in everything, unless it be pathological studies.

There is such a thing as too much science for real, practical purposes. This is the case over there. I cannot show this any better than to quote from a letter to me by a friend now in Berlin. His experience is my own during the past summer while in Paris, London, and especially in Vienna. He says :

"In the clinics of the general work, internal diseases, etc., they arrive at diagnosis with scientific precision, but in an impractical manner in many instances. They percuss, auscultate, succuss, measure, pump out stomachs, the contents of which they examine with tests and microscope, and after a half-hour's cerebrating arrive at the conclusion with mathematical accuracy. They will learn just to the ten-thousandth the per cent. of acidity of the gastric secretions, and finally give the same remedy an American would have appreciated the indications for after questioning the patient two minutes. Science is beautiful, but some of its divisions may be carried a great distance beyond the practical."

I, with my friend, certainly think they are not up to Americans in advanced ideas and they are seeing this themselves. Prof. Virchow, probably the most distinguished physician and scientist on the continent of Europe, acknowledged this recently in the high tribute he paid us, by saying : "America excels in surgery, midwifery, and dentistry, and she has, also, splendid oculists." He might have added, very appropriately, that she excels in Homœopathy. It will not be long until Europeans will come to this country to learn medicine and surgery. A few of them admit this.

I advise you, after due time, to choose some special line of work and be thorough in it, if it be only some single disease. You will after a

few years learn what you like and for what you are specially fitted. We cannot all be leading surgeons, gynæcologists, or oculists, but we can perfect ourselves in something if we but try for it. It is far better to know everything of a little, than a little of everything.

One science only, will one genius fit,
So vast is art, so narrow human wit.

The practice of medicine and surgery is becoming too broad to be able to grasp it all. It is fast becoming a body of specialists. This is right ; at the same time no man is fitted for a specialist until he has been in general practice for several years. Only by this can he overcome in some degree the greatest fault of all specialists, that of making all or most cases fit his specialty.

There is another question that interests you all, but I am not competent to discuss it, yet I feel I am about as fit as other doctors. I refer to the financial side of your life's work. No argument touches so sensitive a spot in the average American, as that which appeals to his financial prospects. Now, first, if any of you have entered the profession of medicine with the view of making money and becoming wealthy, stop at once, for it is not here. "Medicine is the noblest of professions, but the meanest of trades." I will venture the assertion that of the five hundred physicians in legitimate practice in the city of Cleveland, there are not twenty-five of them worth fifty thousand dollars each, that they have saved from their practice alone.

The people get an extravagant idea that we are making money rapidly when we are established in a good paying practice. We are, as a profession, a body of philanthropists rather than money gatherers.

With the doctor it is his profession first and money afterward, and with the people it is the same. His professional skill first, and the money too often comes a long time afterward, if it comes at all.

Let us consider the value a physician places upon his services, and the manner in a business way in which he secures this indispensable remuneration. It is an indisputable fact that doctors, as a rule, are poor business men, but at the same time it is not worldly wisdom to impress the community with this idea. Keep this to yourselves, as it will be found out soon enough and due advantage taken of it. The profession ought to see this and govern itself accordingly.

Why are doctors poor business men ? There are a number of reasons for it : first, because they are not brought in contact with the business world in a business way. It requires a line of study we are not led into.

The physician's duties are to care for the sick and afflicted. When he steps aside from this path he is criticized. It is at once said : "He is dabbling in outside matters. I want a doctor who attends to his profession and nothing else."

In sickness people are overly selfish. You show me a successful business man in the profession and I will show you one who is not an extraordinarily successful doctor ; the two do not go together.

If the doctor is so fortunate as to have a surplus in his treasury, what will he do with it ? He cannot enlarge his business, like the merchant or manufacturer. If he places it where it will require much of his time and attention to look after it, his professional business suffers in consequence. Hence, to hold his practice he must generally leave money matters in the care of others, or keep very quiet.

This lack of financial ability begins at the very threshold of the profession. The student usually begins his studies before having any extensive relations with the business world. In college you are taught everything else pertaining to the profession except the financial questions. One reason for this neglect, I suppose, is because our colleges have no one competent to impart the knowledge.

The great aim of the young doctor is to acquire practice and thereby get money. But with the keen competition in professional life after getting a practice, equal energy and diligence must be put forth to maintain it, so much so that money getting is again a secondary consideration.

The great object is to get practice,—get it honestly if he can, if he cannot, get it anyway. Too often the doctor who can get a patient from another is the successful one, whether there be any money in it or not. It is the glory he is after, rather than the shekels.

While we do work for money and the people think we get extortionate fees, we do not get enough for the sacrifice of sleep, of meals, and many comforts others enjoy, to say nothing of the labor expended. We could have more if we conducted our business on a money basis, as business men do.

If a doctor book twenty to fifty dollars a day, not knowing whether he will get it, if ever, his clients think he is getting rich. But the lawyer, the merchant, or the manufacturer, while not working half as hard for his day's profit, can make ten times as much, cash in hand, and little is thought of it.

The physician is entitled to his fees when services are rendered, yet the profession from time immemorial has taught the people that the doctor can wait for his money until they are ready to pay. They will often ask how much you will throw off for cash, as if it is not cash due when services are rendered.

You will frequently be told that you have no capital invested. How absurd. When the physician with a good library, full stock of medicine and surgical instruments and appliances for keeping abreast of the profession, has more invested in this personal property, to say nothing

about the money invested to prepare himself for the work, than many men doing a thriving business with a so-called fair capital.

The doctor who has an annual income from his practice of five thousand dollars, has a capital stock-in-trade equivalent to fifty thousand dollars at ten per cent. interest. But stop and consider this is true so long as he can attend to it. When he becomes disabled or dies, it is bankrupt. He cannot conduct his business by employees. Neither can he or his heirs transfer this stock. Hence, how very important that we conduct our business with success financially, while we are able.

A great merchant, when his physician expressed surprise at the serenity with which he bore a long continued illness, answered : "On my sick bed I have the consolation of knowing that others are toiling for me day and night ; managers and clerks working in my office, ships bringing my merchandise over sea to the market, and sellers earning me money and keeping my children, even while I lie here disabled."

The medical man has no such comforts. Every dollar he makes he earns himself. For him the suspension of working power means a suspension of earning power. Bodily disease is only too often intensified by mental suffering and financial worry, and the same blow which affects the physical well being, often shatters his prospects in life and leaves him more or less helpless.

What a rare exception it is to find a physician who has secured a competence from his practice, sufficient to support him without his profession in old age, when broken in health or when his practice leaves him, as it will after he reaches a moderate age, when he should be able to quit work and give way to younger members of the profession who are better fitted and able for its arduous duties.

"Of all occupations, physicians are the hardest worked, the poorest paid, the most untiring in their efforts to benefit their patrons, and the most magnanimous and philanthropic of all professional men."

These are some of the reasons why our fees are insufficient. Remember it is far better to have the name of charging too much than too little. You will never be valued by the community higher than you value yourself. "He who sells himself for nothing, generally gets all he is worth." Never try to gain a practice by charging below the usual fee. Never allow sentiment to interfere with business, yet be kind to the poor. I mean the Lord's poor. Pay little attention to the devil's poor or the poor devils. It is often cruel to accept pay from the worthy poor.

You will have opportunities to do great good and the appreciation manifested will often pay you better than money. As family physician you will often be consulted in times of trouble when your sympathy is demanded. Family troubles are brought to you when no other is consulted, not even the pastor. You are made the family confident. Hence, how important that you learn to keep closed lips.

Gossip is the last thing you should think of. The person who cannot seal the lips never should enter this profession. Many doctors make too free use of their tongues, not only to their own detriment, but that of others.

The physician, above all persons, should be honest and upright, for the opportunities to be dishonest exceed that of every other calling in many ways.

Now, if my suggestions to you, in any way are deemed worthy of future consideration by you, I am satisfied, and in conclusion, I can only wish you, one and all, a prosperous life in this noble calling. I trust your choice has been a wise one and that you will consider well Goldsmith's lines :

Still to ourselves in every place consigned,
Our own felicity we make or find.

SYDNEY, O.

SOME CLINICAL CASES.

By SARAH N. SMITH, M.D.

IN January, 1890, a lady of New York, some fifty years, came to me complaining of inability to bear on her feet either by standing or walking. She was very much depressed in spirit, assuring me that she should never be any better; said that her attending physician had told her that in time it would terminate in inability to use her limbs, or in general paralysis. I told her that was nonsense. I did not believe it. She was troubled every night with severe cramps in the calves and a very disagreeable feeling in her feet, fidgety, nervous, could not keep them still. A space of some six inches in width, just above the ankle, was without any sensation whatever.

The mental symptoms indicated Gینگum, also the fidgety condition of the feet; she could not keep them still. I gave her one powder of Zinkics 5m., which greatly improved her condition, mentally as well as physically. After a few weeks, the melancholia returned; she was sad and worried very much through fear of still greater trouble. I looked the case over carefully, and decided that Kali phos. was indicated, and prescribed accordingly the 30th t. Under this she steadily improved every way, a better circulation was established, and she became bright and cheerful. All the unfavorable symptoms gradually disappeared, the numb spot above the ankle as well as the cramps, etc. She can and does attend to her family duties with pleasure and satisfaction.

The head symptoms were doubtless caused by local trouble, as I found the os uteri resting on the spinal column, where the parts were very sensitive to the touch, so much so that at first it was difficult to

give her the proper care. She is gaining in strength and feels that she is quite well.

A lady, aged seventy-two, came under treatment August, 1888, with the following symptoms :

Great melancholia, fear of coming to want, constantly looking for some one to take her away from her home by force; very restless, looking cautiously first out of one window, then another, most of the time with bonnet and shawl near at hand. Sleepless, very little appetite, thirsty, and emaciated. Tried what seemed to be the indicated remedy, without satisfactory results. Finally gave Kali phos. 30, from the little knowledge obtained from Schussler's indications for its use. The restlessness began to diminish after a few days, then disappeared the fear of being carried off, the bonnet and shawl were put away, appetite as well as sleep restored, all of the vague ideas vanished, and she was herself again.

Discharged cured December 28, 1888.

Mrs. S., aged sixty-five, was equal to doing light work about the house, except such things as required the use of her arms over her head; she could use a broom if she did not stoop, but stooping would give her such an oppressed feeling about the heart as to render her incapable of action or motion; this feeling would go on to suffocation and oblige her to sit or lie down at once. When in bed if she turned so that her body was bent, even in a slight degree, the same result would obtain. For hours after these attacks she would suffer from pain, lameness, and weakness in the left arm and hand. Kalip was the remedy that gave relief, till she was able to walk without much discomfort.

Symptoms arose indicating Phosphoric acid. I prescribed the 200th, which completed the cure. Dismissed December 16, 1890.

135 WEST THIRTY-FOURTH STREET,
NEW YORK.

AN INTERESTING TALK.

By J. P. DAKE, M.D.

THE *Evening Journal* for Thursday, January 22, 1891, published at Montgomery, Ala., under the title "An Interesting Talk," gives the following resumé of Dr. J. P. Dake's address before the Judiciary Committee of the Alabama Legislature, on the preceding evening. The address speaks for itself. But the profession at large as well as of Alabama and the South has reason to be proud of the membership of Dr. Dake; on this occasion, as on numberless medical battlefields before, his rhetorical lance has caused his opponents much discomfort, which we pray may end in their complete defeat.

After a few preliminary remarks, he went on to state that in Alabama there were three regularly constituted and chartered medical associations, composed of educated physicians, one being older and larger than the other two, but in no other respect superior to them; that between the classes represented in these different societies there were differences of views so wide as to necessitate different associations; that while equally educated, and while agreeing generally as to the manual operations of surgery and obstetrics, they were wide apart in the selection, preparation, and uses of drugs.

He said it was not his purpose on this occasion to enter upon a discussion of the peculiarities of the different schools of medicine with a view to show the superiority or inferiority of any one of them, but rather to claim equal rights for all and exclusive privileges for none. He presumed it was not the policy of the general assembly to sit in judgment upon medical theories and measures and to erect a medical orthodoxy with which all practitioners must conform or quit; that it was enough for them to know that a goodly number of the citizens of the state preferred modes of practice unlike those adopted by the old school, and the care of physicians not affiliated with the old association of medical men.

He called attention to the fact that previous legislation had conferred upon one of the three State societies power to examine all physicians proposing to locate for business in Alabama, and to determine which should be allowed to remain and which should not. With a belief that no medical heresy should be tolerated and that no "irregular" should be allowed to come in and compete with the "regulars," how, he would ask, could citizens desiring eclectic or homœopathic attendance get it? Or how could physicians honestly adhering to the new schools obtain the right to practice? The existing laws made provision that any medical man stultifying himself so far as to assume the name "irregular," should not be examined on the really practical branches of medicine but only on the elementary and technical, where a novice might frame questions that a medical sage could not answer.

And he further said, of the one favored society, that it had been receiving for its agent \$5000 of public money annually, to cover salary and expenses while traveling up and down the State, largely to keep up the exclusive fences and prevent disagreeable competition and reform.

He disclaimed any wish to take away the money, the privileges, and the power of the old association, except when they were wielded against the rights and privileges of other medical organizations.

He said that it had been suggested that the younger medical associations represented nothing worthy of State recognition and favor.

Leaving Dr. William to respond for the Eclectic school, he would like

very briefly to mention some of the obviously good results of the Homœopathic.

Homœopathy had three national societies; two sectional, a Western and a Southern; thirty-one state societies; and 111 local societies and clubs—the larger meeting annually and the smaller monthly, and all engaged in cultivating every field of medical inquiry with a view to improve the art of healing and to save human life.

Continuing, he said there were in this country thirty-four general hospitals under homœopathic management, one of them supported by the City of New York, having 579 beds; also thirty-four special hospitals, among them some of the largest and best asylums for the insane, established and maintained by State appropriations, and, besides these, forty-six dispensaries open and free to the poor.

He also mentioned fourteen medical colleges, some connected with State universities, each having a full curriculum and thorough drill, suffering nothing when compared with any colleges in the land.

He claimed for homœopathy the credit of leading the movement in this country for three years of college study in place of two, and later of four in place of three.

He answered the objection, that the new associations were too young and small to deserve recognition, by asking if Alabama had determined that only old men should have personal rights and old and large religious bodies be endowed with the privileges of self-hood and safety?

He wanted to know if the Methodist or Baptist church was allowed to subject every clergyman, whether Presbyterian, Episcopalian, Catholic, or Unitarian, coming into the State, to a Methodist or Baptist catechism before allowing him to marry the living or bury the dead? If the State presumed to force the people on the one road to health, why not also on the one road to Heaven?

Dr. Dake wished to say, parenthetically, that primarily he was opposed to all medical boards designed to coerce and control the healers of the sick, or to interfere with the choice of medical attendants on the part of the sick. He believed in freedom and in competition as belonging to the people and to the profession. In their absence he believed there must be a suppression of inventive genius and of higher inspiration for the good of humanity. The State might use her power to elicit information for the people as to what each medical man has done to qualify himself for the care of the sick by a good registration law, but could go no farther without inaugurating usurpation and tyranny.

He closed by referring to the laws enacted by the several States in the Union for the regulation of medical practitioners, showing that Alabama stood almost alone in allowing one school of medicine, or State society, or board of medical examiners to dominate all others and

say who should be licensed to heal the people in Alabama and who should not. He said he was pleased to submit the case to such an intelligent committee.

TWO CASES FROM SURGICAL CLINIC.

By PROF. J. KENT SANDERS, B.S., M.D.

CASE I.—Miss F., aged seventeen years, had been suffering from a severe form of ingrowing toe nail for two years. Hardly able to walk. Under chloroform the nail was cut down the middle and enucleated with forceps. The matrix and cicatricial tissue were cut away and dressed with sublimated gauze and a crinoline bandage. One week afterward the dressings were changed. There was very little pus and a healthy looking wound. The toe had lessened in size and pain all gone. The same kind of dressing was reapplied. She will be able to wear a shoe in ten days, and by having one with a broad toe and snug-fitting upper and a stocking plenty long in the foot she will have no further trouble.

CASE II.—Jim, aged twelve years. Middle finger cut off by machine. Reamputation. Dressings of sublimated gauze and a crinoline bandage. Redressed in one week. Wound sweet, but a small slough from planted surface. By touching wound with nitrate of silver scar has filled this up.

CLEVELAND, O.

THE AMERICAN INSTITUTE OF HOMŒOPATHY AND THE INTERNATIONAL HOMŒOPATHIC CONGRESS.—SECRETARY'S NOTICES.

Editor of the AMERICAN HOMŒOPATHIST:

The American Institute of Homœopathy will hold its forty-fourth annual session and celebrate its forty-eighth anniversary, in conjunction with the fourth quinquennial International Homœopathic Congress at Atlantic City, N. J., beginning Tuesday morning, June 16, 1891. In accordance with action taken at its last session, the Institute will transact, as far as possible, its necessary routine business on that day, and the International Congress will assemble on the following morning. The sessions of the latter will occupy the morning and afternoon of each day (Sunday excepted) until Tuesday, June 23. This arrangement of the business of the Institute makes it necessary that all the standing and special committees should have their reports in readiness before the opening of the session. But it should be noticed that all *scientific* reports of committees and bureaus appointed last year will be deferred until the session of 1892, thus giving place to the scientific work of the Congress.

All members of homœopathic medical societies will have equal

rights as members of the Congress, and equal privileges in the transaction of its business and in its discussions, under such rules as may be adopted for the government thereof. The transactions will be published by the American Institute of Homœopathy and furnished to physicians on such terms as may be decided by the executive committee.

It is expected that the proceedings of the Congress will be of the most interesting and important character. While general medicine, surgery, obstetrics, and the specialties will have their place in the discussions, the interests of homœopathy will furnish the main topics for consideration. It is proposed that one entire day—"Materia Medica Day"—shall be devoted to the subject of the homœopathic materia medica, and the consideration of questions pertaining to its present status and its further improvement. Homœopathic therapeutics will also claim a large share of attention, while some of the subjects upon which the homœopathic school is known to hold a distinctive position, will be presented and considered. The essays and addresses on all of these subjects will be presented by physicians carefully chosen by the committee having the matter in charge, and the discussions will be participated in by some of the physicians most distinguished in each department. Arrangements are in progress to secure reports of the condition and advancement of homœopathy in all the countries of the civilized world.

A word as to the place of meeting. Atlantic City, as is well known, extends for a distance of two or three miles along the sea coast of New Jersey, sixty miles south-east of Philadelphia, with which it communicates by three lines of railway and scores of trains daily, most of which make the distance in ninety minutes. New York and Baltimore are within four or five hours ride, while within a radius of 400 miles are nearly 4000 physicians. Atlantic City has, during "the season," a larger patronage than any other of our sea-coast resorts, her visitors coming from all quarters of the country, but chiefly from New York, Philadelphia, Baltimore, and the West and South. She has ample hotel accommodations for 25,000 guests.

The United States Hotel, which will be the headquarters of the Congress and the place of its meetings, is a new structure, located one square from the beach and within full view of the ocean. It has accommodations for 800 guests, and the "pavilion," in which the Congress will assemble, is a large room on the first floor with a seating capacity for 800 persons. The meeting of the Congress will occur during "the season," but the United States Hotel will be practically at our exclusive disposal.

The scientific and social features of the meeting, and the attractions of Atlantic City as a health and pleasure resort, render it probable that this Congress will be by far the largest gathering of homœopathic

physicians ever convened. It is especially suggested that the occasion will furnish an unusual opportunity for our physicians to combine the profit of a scientific convention with the pleasures and benefits of a vacation, both for themselves and their families.

PEMBERTON DUDLEY, M.D.,

General Secretary A. I. H

FIFTEENTH AND MASTER STREETS, PHILADELPHIA, PA.

AMERICAN INSTITUTE OF HOMŒOPATHY.

The following officers and committees report at Atlantic City; all others hold over till 1892:

Treasurer.

Board of Censors.

Necrologist.

Executive and Publication Committee.

Program and Business.

Railroad Fares.

Local Arrangements.

International Homœopathic Congress of 1891.

Medical Literature.

Foreign Correspondence.

International Pharmacopœia.

Medical Education.

Medical Legislation.

Intercollegiate.

Life Insurance. •

On Publishing List of Graduates.

Cyclopædia of Drug Pathogenesis.

For Preservation of Institute Property.

Reconstruction of Committee on Medical Legislation.

Organization, Registration, and Statistics.

GLOBULES.

—Ovary-ache does not necessarily mean ovarian disease any more than that headache means brain disease.

—The annual meeting of the Homœopathic Medical Society of Ohio, will be held at Findlay, Ohio, May 12 and 13, 1891. Dr. R. B. House, Springfield, secretary.

—DEATHS FROM WILD BEASTS AND SNAKES IN INDIA.—According to the *Medical Press*, 1587 persons were killed by snakes and 385 by wild beasts in the Madras Presidency, India, in 1889. The number of cattle destroyed was 15,550.

—A number of homœopathic physicians of Cleveland, O., have reorganized and incorporated the Cleveland Academy of Medicine. At its recent (monthly) meeting Prof. H. H. Baxter read a paper on *Digitalis*, which was discussed by all present.

—The *Southern Journal of Homœopathy* made a ten-strike when it secured the bulk (or was it all) of the papers presented at the Southern Homœopathic Medical Association. This comes from being a pushing, go-ahead-ative party named Fisher. 'Gratulate you, C. E.!

—SILENT HARMONIES.—A new medical club in Boston has been organized for the mutual cultivation of its members in music, and is known as the Physicians' Musical Culture Society. It is said that each member is in duty bound to compose some fresh air for the sick-room.

—CELLULITIS.—The crucial test of surgical research which cannot be gainsaid has shown that cellulitis is almost a myth, and that what have long been deemed exudation tumors and inflammatory deposits in the areolar tissue are tubal and ovarian lesions.—*Wm. Goodell, M.D.*

—Just as the nose secretes abundantly under the stimulus of the emotions, so the womb secretes more actively under a stimulus conveyed to impressionable nerves—so much so, indeed, that leucorrhœa is a common adjunct to nerve-prostration, and is then cured by the cure of its cause.

—Dr. M. H. Parmalee of Toledo, O., lectured before the Hahnemann Society of the Cleveland Homœopathic Hospital College on February 17, 1891, subject: "Men, Women, and Things." He had a large and appreciative audience, and at its conclusion was entertained by the Round Table Club.

—A most superb fracture dressing is made by using the material the ladies call "wiggin." It may be cut into the necessary sizes, dipped into hot water, and applied. When dry it is hard, stiff, very light, and not bulky. It can be opened at any point, as it cuts easily, and may be laced, facilitating frequent examinations of the limb.—*Chicago Med. Times.*

—Eight patients are being treated in the Post-Graduate Hospital by Koch's lymph. Three of them are cases of lupus; four are cases of phthisis pulmonaris, and one laryngeal tuberculosis. The inoculations are in charge of Dr. W. C. Bailey, who was for a long time a student in Koch's laboratory, assisted by the director of the laboratory, Dr. J. H. Linsley.

—A society of clergymen in Topeka, Kans., has passed resolutions opposing the custom, on the part of pall-bearers and friends, of uncovering the head at the commitment of the body to the grave. The local medical society has unanimously indorsed these resolutions. It would be well if all similar associations would pass resolutions to the same effect.—*Ex.*

—The editor of this journal takes pleasure in saying that he has made repeated use of the Sterling Telescope Syringe in his private practice, and bears witness to its efficacy in administering home treatment for patients residing at a distance. The invention of the Medicated Flexible Pessary was a happy thought.—(71 Auditorium Building, Chicago.)

—THE SEVEN AGES OF WOMAN.—(1) *Puberty*, or the first establishment of the catamenia; (2) *Menstruation*, or the periodical return of the menses; (3) *Pregnancy*, or the period of reproduction; (4) *Parturi-*

tion, or that of childbirth; (5) *Puerperality*, or the state of lying-in; (6) *Lactation*, or the nursing period; (7) *Climacteric*, or the "change of life."—*Ludlam*.

—The first announcement of The Post-Graduate Course of the Cleveland Homœopathic Hospital College has been issued in attractive form. The course opens March 31, and will consist of Instrumental Obstetrics, Gynæcological and Practical Surgery, Ophthalmology and Otology, Physical Diagnosis, Practical Medicine, Materia Medica and Organon, Nose and Throat, Urinalysis, and Orificial Surgery.

—Dr. Geo. B. Bradley, of New York, says of Antikamnia : It has fully fulfilled the promises made in its behalf. Having tested it, I am able to say that it has promptly relieved pain in Pleurodynia and Neuralgia, also afforded rapid relief in headache, and the nausea of weakly women.

Yours truly,

GEORGE B. BRADLEY, M.D.

—EXPLAINED IN GERMAN.—Those who have been a little mystified as to the exact composition of the Koch lymph may obtain a clearer idea of it, perhaps, if informed in the doctor's own words that it is a glycerine extract "aus den reinculturen der tuberkel bacillen," and that it also contains "eine gewisse menge von mineral-salzen, farbenenden substanzen und anderen unbekannten extractivstoffen."—*Utica Morning Herald*.

—Dr. Goodell says in *Medical News* : As the outcome of much that I have learned to unlearn, I have arrived at this very short gynæcological creed : I believe that the physician who recognizes the complexity of woman's nervous organization and appreciates its tyranny, will touch her well-being at more points and with a keener perception of its wants, than the one who holds the opinion that woman is woman because she has a womb.

—APIS MELLIFICA in Congestion of the Brain from Exposure to the Sun.—In the case of a boy aged six, who had cerebral congestion following exposure to the sun, Dr. Oscar Hansen prescribed apis two per cent. dilution, successfully, after belladonna had failed. Symptoms : He lay "in bed dull, sending out piercing shrieks ; squints, bores with the head in the cushions ; pupils dilated, contracting only a little against the light ; pulse 72 per minute ; no sleep ; no urination."—*Homœopathic World*.

—A DEATH WARNING.—According to Dr. Chiappoli, an extraordinary opening of the eyelids, which gives the eyes the appearance of protruding from their orbits, is sometimes seen in patients who apparently have not long to live, and this is an unfailing sign of death within twenty-four hours. In some cases only one eye is affected, but even then death is certain to take place within seventy-two hours. The effect is ascribed to a diseased state of the sympathetic nerve, but why it should always be a death symptom is not known.

—To become a famous accoucheur, one "particularly fine," proclaim loudly in season and out of season that the laceration of a perineum is an inexcusable accident, that you never have encountered it, and that there is no reason why any one else should. Never mind if the sur-

geon a few doors away should sew up a dozen or more perineums where you have been the sole attendant! He will unfold the tale to the profession only, and the code will protect you from its criticism. Your victims will be too scattered to disprove your assertion. Persevere boldly then in your statements and success *will* crown your efforts, even though you should know no better than to apply the forceps wrong side front or bottom side up, as one may be pleased to term it, in an ordinary instrumental delivery.—*Fact!*—*Peck.*

—EVACUATION OF THE UTERUS AFTER PARTURITION.—Mme. Gaches-Sarrante (*La Semaine Médicale*) believes that ergot should be used neither during labor nor after, as the uterus is never completely emptied during parturition, and the clots or shreds of membrane that remain may become sources of infection, and are a frequent cause of subinvolution. The author's practice is to empty the uterus completely in all cases by passing the hand into the cavity of the organ. This procedure she thinks is attended with little danger if the hand is aseptic and if care is taken to avoid wounding the uterine tissue. If the uterus is thoroughly emptied and washed out with sterilized water, hæmorrhage is immediately arrested and involution is rapid.

—NOCTURNAL ENURESIS.—An ingenious and simple method of treatment for a very troublesome disorder was suggested at the International Medical Congress by Dr. Van Trenton, of La Hayne. He stated that the nocturnal enuresis of children was due to insufficiency of the sphincter vesicæ, which allowed the urine to flow into the upper portion of the urethra, from which it was then expelled by reflex action of the detrusor urinæ. The fact that the child wet the bed two hours or so after going to sleep proved that it was not due to distention of the bladder. His treatment then consisted in preventing the urine from running into the urethra by raising the foot of the bed. He had cured fourteen children in this way, taking the additional precaution of having them empty the bladder just before retiring and of giving them no liquid at this time.

—RELIEF OF THE IDIOT.—Dr. Lannelongue, an eminent specialist in the Children's Hospital, Paris, has just succeeded in the effort to give intelligence to a poor little idiot. The child, a girl four years old, had a deformed head, only about one third the size of an ordinary little one of her age. She never smiled, never took notice of anything, and she could neither walk nor stand. The doctor became convinced that the condition of the child was due to the abnormal narrowness of the head, which hindered the natural growth of the brain. About the middle of May last he made a long and narrow incision in the center of the skull and cut a portion out of the left side of it, without injuring the dura mater. The result of this operation was something astounding. In less than a month the child began to walk. Now she smiles, interests herself in everything around her, and plays with a doll. A tolerably bright little child has taken the place of the idiot.

—There is one dietetic preparation that goes on in the even tenor of its way, always a popular food with the doctor when no other one can be, or will be, retained on the stomach. It is carefully prepared, never disappointing, always a valuable aid to the busy doctor. Easily assimilated, with the greatest possible amount of nourishment, com-

bined with the minutest amount of labor in its digestion, Imperial Granum stands to-day, without a rival, in the room of the sick or convalescent. While good for babies in all of the varying periods of their existence, yet its strongest hold is in the sick room where either adult or little one needs a soothing, sustaining diet with the least amount of physical effort for its digestion.

W. C. WILE, A.M., M.D.

—AN EPIDEMIC OF TWINS.—The wife of John Beam, of Mitchellville, N. Y., aged sixty-five years, gave birth to twins Monday evening of last week. Her daughter, Mrs. Stratton, who lives in a neighboring township, presented her husband with twins the same evening. Mrs. Stratton's daughter Eva was married a year ago, and lives in Bradford. The friends of Mrs. Stratton and her mother were not yet through congratulating them over the interesting natal coincidence in their families when Mrs. Stratton received a letter from her son-in-law announcing that her daughter had given birth to twins herself on Monday evening. A letter to a physician of Mitchellville elicited the reply that in regard to the first portion of the statement (that regarding Mrs. Bream and her daughter) the facts are as stated, but that the latter portion was merely hearsay, so far as he was concerned, and might or might not be true. There is something ringing in our ears about "two pair."

—An open competitive examination of candidates for Superintendent and First Assistant Physician in any of the State hospitals and asylums, will be held at the rooms of the Civil Service Commission, Albany, N. Y., Thursday, March 5, 1891, commencing at 10 o'clock A.M.

A candidate for the position of Superintendent must be a citizen of the State of New York, at least thirty years of age, and have had at least five years' actual experience as a physician in a hospital for the insane.

A candidate for the position of First Assistant Physician must be a citizen of the State of New York, twenty-five years of age, and have had at least three years' actual experience in a hospital for the insane.

Also at the same time and place, candidates for Female Physician as provided in Chapter 243, Laws of 1890, will be examined.

Application blanks may be had by addressing the Secretary of the New York Civil Service Commission, Albany, N. Y.

JOHN B. RILEY.

Chief Examiner.

ALBANY, N. Y. January 14, 1891.

—A Medical and Surgical Institute has been formed at Minneapolis, Minn., for the purpose of uniting in one institution, specialists in all branches of medicine and surgery, and necessary apparatus and appliances for success in the treatment of diseases.

The staff comprises the following well-known physicians :

W. D. Lawrence, M.D., pulmonary, cardiac, and renal diseases.

J. L. Stone, M.D., diseases of women and children.

Chester G. Higbee, M.D., gynecology. (He has spent the past year abroad with the world-famed professors Lawson Tait and Martin, perfecting himself in abdominal surgery and gynecology.)

W. D. Myers, M.C., surgeon.

Carter McV. Tobey, M.D., rectal, venereal, and skin diseases.

Charles Griswold, M.D., mental and nervous diseases.

H. H. Leavitt, M.D. (recently returned from the colleges and hospitals of Vienna, where he was under the tutorship of Billroth, Schrotter, and Carl Brown), diseases of throat and nose, and assistant to Dr. C. G. Higbee.

D. A. Strickler, M.D., oculist and aurist.

—THE RECOMPENSE OF RETALIATION.—One day Hahnemann, the patron saint of homœopathy, received a visit from a sick English lord. Without examining the patient or hearing any explanation, Hahnemann pulled out a small vial and passed it under the astonished Englishman's nose. "Inhale that," said he, "and you will be cured." The Englishman rose and said stiffly: "How much do I owe you, sir?" and Hahnemann responded: "One thousand francs, sir." The Briton calmly drew a note from his purse, and, passing it under the doctor's nose, said: "There, inhale that. Now you are paid!"—and walked out in unruffled dignity, leaving the great impostor to his own meditations.—*Old School Ex.*

So it was you, Father Hahnemann, who started this o'er true tale; and it wasn't Abraham Lincoln, or the Governor of South Carolina, or Mark Antony and Cleopatra, or Joseph and Pharaoh, or Moses and the bull-rushes, or Noah and the Ark, or Adam and Eve. Well, well, it is pleasant to hear the true origin from an allopathic journal. Then, of course, Schlieman was wrong when he found the papyrus among the Pompeian excavation. Dear, dear, but it is singular how this old tale has trailed through ancient history, sacred as well as profane, and now turns up in modern garb of Hahnemann, Englishman, francs, faith cure, and Homœopathy.

—SOUTHERN HOMŒOPATHIC MEDICAL COLLEGE.—A meeting of the Board of Trustees of the Southern Homœopathic Medical College was held October 21, 1890, in the hall of the State Society, and a faculty for the new college, the first and only Homœopathic Medical College south of Mason and Dixon's Line and east of the Mississippi River, was selected. For some years the advisability of establishing a Homœopathic Medical College in Baltimore has been a debatable question with the bulk of the profession; but, with the growing South and all its possibilities and the recent progressive development in this city, it is not thought that there is any longer a question about the need for such an institution. Already the Homœopathic Hospital is an assured success, and having had a "God speed" from some of the foremost men in the profession, the homœopathic physicians of Maryland have decided to open next autumn a college, properly equipped to fill the need. The faculty for the new college is as follows: Dr. Elias C. Price, institutes of medicine; Dr. N. W. Kneass, gynæcology; Dr. C. H. Thomas, clinical medicine and physical diagnosis; Dr. John Hood, hygiene and sanitary science; Dr. Eldridge C. Price, materia medica and therapeutics; Dr. Robert W. Miffin, pathology and the practice of medicine; Dr. O. Edward Janney, pædology and orthopædic surgery; Dr. Henry F. Garey, ophthalmology and otology; Dr. Henry Chandlee, physiology and neurology; Dr. E. H. Condon, anatomy; Dr. F. C. Drane, obstetrics; Dr. C. Wesley Roberts, Washington, D. C., pharmacy; ex-Judge Henry F. Garey, lecturer on medical jurisprudence.

The chairs of principles and practice of surgery and of operative and clinical surgery will be filled at a future meeting of the board. Dr. F. C. Drane was chosen dean of the faculty, and Dr. Henry Chandlee registrar. The college will be conducted according to the principles advocated by the American Institute of Homœopathy, and in common with all other Homœopathic colleges in the United States, viz.: a preliminary examination and a graded course of three years will be required.

—THE "CHANGE-OF-LIFE" BUG-BEAR.—I have learned to unlearn the grandmotherly belief that the climacteric is in itself an entity, and that, as such, it is responsible for most of the ills of matronhood, and especially for that of menorrhagia. True, it must be conceded, that as an entity it does seem to disturb the vasomotor system, and through it to cause many severe perturbations, such as tinglings and numbness, and sweating of the skin, flushes of heat and shivers of cold, emotional explosions, and a large group of hysterical symptoms. It can also lay claim to being an important factor in the causation of insanity. Yet, contrary to the prevalent lay and professional belief, how rarely can true uterine hæmorrhages or other uterine discharges be traced to the climacteric as a cause in itself. Yet many a poor woman has lost her health, her life indeed, by her own and her physician's traditional belief, that her hæmorrhages or other vaginal discharges are critical and due to the "change-of-life," as it is popularly called—a misnomer which too often leads to indolent diagnosis and slovenly therapeutics.

What physician of any practice has not been called in to see some wretched sufferer, whose health has been crippled for months, or even for years, by hæmorrhages or by other discharges from the sexual organs, which have been attributed to the "change-of-life" by her friends, or—what is more inexcusable—by the successive physicians whom she has consulted? To the shame of the latter, they may not have made even a digital examination; yet a polypus or a fungoid degeneration of the endometrium, or a uterine fibroid, or a cancer of the cervix has been found by a more alert man, who does not believe in climacteric omnipotency. Never can I forget a case—not the only one—of a beautiful woman, beloved by a large circle of friends and surrounded by every luxury that wealth could furnish, who was allowed by her physician to bleed almost literally to death. Why? Because a polypus, being at first intra-uterine, was not recognized, and because her age justified, in his opinion, the diagnosis of "change-of-life." This diagnosis having been made, no other vaginal examination was ever thought of by this physician. But when he was discharged and another one was called in, the latter found the polypus dangling in the vagina. She was bedridden and as translucent as alabaster when I twisted off the growth. The hæmorrhages did not return, but neither did her health, and she died a few months later quite suddenly and very unexpectedly.

In other cases, by the careless indolence of the physicians, begotten by this traditional belief in climacteric influences, I have been compelled to undeceive some poor woman and break as gently as possible to her, that the flow which she had joyfully accepted as a return of her monthly periods, and which she has mistaken for rejuvenescence, is the sure token of an incurable and far advanced cancer of the cervix.—*Goodell in Medical News.*

OH-DONT-LOGY.

DON'T be unduly disturbed about the climacteric; it is a physiological act and should not be treated pathologically.

DON'T forget that mammary abscess in the suckling woman comes from cracked nipples, and not from caked breasts.

DON'T waste any more breath arguing the near coming-together of the schools of medicine. Read President Dillow's statement.

DON'T forget that scrofulous girls as a rule are late in menstruating; but that girls with curvature of the spine are apt to "flow" early and copiously.

DON'T you wish we had a dozen or two more men of the J. P. Dake pattern to interest themselves for struggling homœopaths in the outlying States?

DON'T teach your (homœopathic) class that every homœopathic remedy is a poison, and, therefore, your duty is done when you teach them the pathology.

DON'T tell it to anybody, and especially not to either of these parties, but have you ever noticed what a general facial resemblance there is between H. M. Paine and H. C. Allen?

DON'T permit a college rivalry to cause you to forget that you are gentlemen; and that a nasty penman, hired for the occasion, adds neither luster to your rhetoric, nor vigor to your cause.

DON'T say that a girl who does not menstruate before her sixteenth, eighteenth, or twentieth year will necessarily suffer in consequence; for as a rule the risk is greater if the flow begins too early.

DON'T delay operative treatment on the womb during the presence of the menses. There is no surer way of checking a menorrhagia or of stopping a metrorrhagia than by curetting the womb during the very flow.

DON'T imagine that Koch and his numerous Pfuhs will ever admit that they are homœopaths—a little crude, to be sure, but yet homœopaths—because using the similars. How they would stare if accused of plagiarism!

DON'T be in too big a hurry to use the lymph: Virchow says it does not destroy bacilli, simply causes them to become *émigrés*, to return when peace is declared. The English and French *savants* hold up a cautionary finger!

DON'T you admire the covert extracts in Koch's statements, taken from our own Organon, concerning the necessity of trying remedies on the human being: the necessity for strict individualization and the infinitesimal dose?

DON'T be too sure about the liberal trend of the homœopathic physicians of to-day. John G. Saxe tells how four blind men went to see an elephant and how each man constructed an imaginary elephant on the basis of the part he had touched.

THE
AMERICAN HOMŒOPATHIST.

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No. 3.

FRANK KRAFT, M.D., EDITOR.

AN alleged poet—as our genial friend, Dr. Dayfoot, would put it—has said that when the Lord gives a man a tenor voice he takes away his brains; and so we might fairly argue, from observation, that when the schools give a medico overmuch awe-septics, they take away his homœopathics. To a careful reader of the average make-up of homœopathic meetings, notably the State societies, and as well the American Institute, it must often have occurred that it is the young man, the recent graduate, or his immediate successor who has changed his graduating Prince Albert but once or twice, who is usually found standing out bold as brass in favor of the many artifices and instruments of the old school; who advocates all the current medical fads from whatever source taken; who treats all his wovnds awe-septically; who gloats in frequent mouthings from Koch and his paratoloid; and who is master of more medical heresy than half the graybeards in his State ever dreamed of. This even might be tolerated with some show of complacency by his elder *confrères*, who could solace themselves with the not unnatural reflection that wisdom, like Orlando's beard, will come if he have but patience; but this same intrepid Sir Previous is not usually content with entering the lists as champion of new ideas, but he must needs couch his lance against the ideas of his elders in the church, and pose as detractor and villifier of tenets held most sacred by those most capable of judging by age, trial by plow-share and faithful record, and seek to destroy his own heritage; with very rare exceptions it will be found that it is the young man who engages in this delectable pastime.

ONE such instance stood out in bold relief, because of its isolation, in the recent annual meeting of the New York State Society: for under the genial yet dignified and determined sway of President Dillow the proceedings went along smoothly and entirely without jar until the introduction of this ONE paper, and then the vice-president was presiding. This essayist, after spending two thirds of his literary effort in quoting from Koch, consumed the remaining third in heaping withering sarcasm on Hahnemann's psoric theory, charging in effect that Hahnemann did not believe in his own theories; that he did not practice them; that it was merely a subterfuge; that when he couldn't cure a patient on his wild and theoretic plans he called it psora; and what is psora? Psora is the itch! And what is the itch? A parasite of man, an acarus, a bug, a louse; and the essayist humorously added

that Hahnemann had dwelt so long and so intently upon this false notion of disease, that a species of poetic metempsychosis had been wrought in his case, and his soul returned to the scene of his willful misrepresentations, and, on the basis of *similia similibus curantur*, caused to inhabit the body of an acarus. Oh, yes, indeed! ladies and gentlemen of the homœopathic profession, it was a masterly bit of satire worthy of a Juvenal, and delivered in a clear, cold, bloodless voice, garnished by many oratorical graces and flourishes. It made a deep impression on the audience; so deep, apparently, that a great fear overpowered our heart lest some faithful homœopathist more zealous than discreet, should, at the conclusion of the satire, move to have the paper stricken from the proceedings, and thus draw the attention of the local press to this medical McQueary and give him that which he evidently sought—notoriety. But rare good fortune perched upon the banners of homœopathy that day, and no scene was enacted. This exquisite bit of *burlesquerie* was introduced as belonging to *Materia Medica*.

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THE query is pertinent, why a member holding such views should deem it imperative to be in touch with a society working under a homœopathic banner; a society requiring an avowal of belief in *similia similibus curantur* and signature to such heretical avowal before the rights and privileges of membership are conferred; a society which has been instrumental in moving the great and powerful State of New York to the giving of hospitals, medical boards, examiners, regents, and othersome many *homœopathic* favors to the profession; a society which has been presided over by the best of homœopathic practitioners the State or, for that matter, the country at large has ever produced, such as Allen, Couch, Wright, Talcott, Hasbrouck, Helmuth, Dayfoot, Dillow, and now Parke Lewis, who would as soon think of deriding the Tragedy on Calvary as engage in the belittling and bewrayment of Hahnemann and his work. Why seek membership or continue in affiliation with a body of practitioners whose views have practically ruled the remaining States, and the trend whereof is not iconoclastic but rather the more cohesive of our school of practice as given us in the Tables of the Law. Surely the world is large, and the doors of many old school societies stand wide open for just such spirited essayists, who deem it but slight disparagement of the rights of the many if they intrude their heterodoxy and seek to bring about dissensions and strife; what other object could this essayist have had in view? Was the assaillment of Hahnemann and his teachings in this scurrilous fashion, the reward due the New York society for the confidence reposed in this member by appointing him a place in its *materia medica* bureau? Was this the way to strengthen the hands of this society and the profession at large?

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THE Big Four of the century of medicine are doubtlessly Hahnemann, Jenner, Pasteur, and Koch, and in this order, please; for it was Hahnemann who led the van, and the remaining three but imitated, some, or perhaps all, unconsciously. How more than ludicrous it is to note the present wholesale ingestion of the Koch lymph by the alleopathic devotees, and the sillier, turned-up-trouser-legged-allo-

maniacs of the new school. As President Dillow said, Koch's lymph is nothing but the third decimal dilution of a "nasty nosode." And might with eminent propriety be called cadaverine instead of paratoloid. Dear, dear, how fashionable it has been in the recent past for some of our esteemed cotemporaries to belabor that prince of nastiness : the nosode ; and only a few months ago, not so far as to be a back number in the memory of the average doctor, a valuable homœopathic journal printed in fac simile the title page of Swan's nosodes, animadverting upon the inherent absurdities of such output, its deleterious effect upon homœopathy, because the school was judged by the practice of its individual members, and in especial the literature current with its members, and because an emanation of this kind attested a degree of insanity which should find restful care and tranquillity in the caravansary presided over by Prince Absalom Talcott. Ah, me ! but it was a splendid bit of caustic poesy in unrhythmical meter, and it carried much weight, as do all the good things flowing from this pen. Then in a much more subsequent issue of this same est. contemp., and before the ingredients of Koch's lymph had been made public, this same penman has large space to give to the miracle-working Koch, and bespoke for it careful attention, study, and trial, because it is Koch, so Koch, you know. Now comes the inevitable day-noo-mong ; and Koch's *anser* proves to be a Swan ; in short the lymph or paratoloid is composed of the vilest, foulest, nastiest product of a diseased lung, and that, too, in a low attenuation,—lower by several thousand, or hundred thousand dilutions, than Swan or any homœopath would have dared to recommend ! Verily, verily, the ways of the would-be scientific homœopath are not in paths of great ease or much comfort, but the rather beset by many snares and pitfalls ! How much easier it would be to stick close to our Hahnemann and his teachings and be safe, though possibly not so scientific and awe-septic as some of the other school are said to be, than to follow eagerly every *ignis fatuus* of the dominant school, only to be ultimately overwhelmed by the mire and foulness which lighted the witch's candle and lured us on to Bergeon, Brown-Sequard, and now Koch. Perhaps the latter should not be included in that triumvirate, because his method is based on a law ; but yet whatever good there is in Koch was long since given the profession by Hahnemann, and inculcated for years and times out of number in every homœopathic school of the land. It is well in matters of medicine to sleep with the feet warm and head to the engine.

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UNDER the name of Tuberculinum, Dr. Swan introduced the nosode into homœopathic pharmacy years ago, and many are the cases in which it has been used, not to destroy bacilli, to be sure, or to drive them to other parts of the body, as the sage, Virchow, alleges of Koch's lymph, but in the treatment of cases producing similar symptoms. Now, also, comes our excellent editorial friend and practitioner, as well as many times author, J. Compton Burnett of London, with his "Five Years' Experience in the New Cure of Consumption by its own Virus," citing fifty-four cases treated from all conditions of life, carrying conviction on every page of his splendid brochure. Says Dr. Burnett: "I think very highly of Koch's remedy, as the world will no doubt call it,

and it will know that he is on the right track. I am more sure than Koch can be himself, because I have used it five years before he knew it, and he has yet to prove that his results are satisfactory. There is one difficulty, *i.e.*, the mode of administering it to the patient; I use the remedy in high potency [alas! and yet again alas!] which is not fraught with the palpable dangers of Koch's method of injecting material quantities under the skin, or in other words, straight into the blood. Of course, if Dr. Koch's dosage and mode of administration should give better results than we have obtained, then Koch's method will have to be adopted. But my present opinion tends to the opposite conclusion." But because that unfortunate division in our school, called the potency wing, had to do with the burning of this nosode, the other wing, the dilutionists and attenuationists, the present great majority, turned a cold shoulder to Tuberculinum, and practically forgot its existence. Now, however, on its "discovery" by a member of the dominant school, and in a much more nasty and dangerous form, our friends fall down before this fetich and worship it.

THE OPEN COURT.

—*Homœopathic Ignorance (?)*. However, this statement of Judge Couch in this particular instance applies with considerable force to the testimony of the homœopaths, which had much to do with the conviction of the defendant. They both stated that it was never proper to use the aspirating needle for the purpose of aiding in making a diagnosis, and one of them testified that he had never heard of such a thing. Further than this, it was asserted by these followers of Hahnemann that the diaphragm is not attached to the inner walls of the chest, is of no particular use, and has no function to perform.—*Editorial in Med. News.*

And this miserable Dogberry assumes that among his readers he will find some few who will believe this malicious rot.

—To those who have been led astray by the scientific craze until they believed the solution of the vexed problem in medicine was to be liberal,—meaning eclectic,—it may be well to note the trend of things in the American Institute, which devotes a whole day to *materia medica* and another one to therapeutics. It is coming into fashion again to be honestly homœopathic.

—We note with pleasure the improvements made by Dr. Foulon in his new volume of *The Clinical Reporter*; and notably the many crisp and newsy editorials which open the journal and are not hidden away somewhere in the body of the journal. The first article is a clever take-off on the ridicule sought to be heaped on infinitesimals; in this Dr. Foulon takes the human spermatozoon as his unit of measurement, and makes a bad case for the *Standard*. The editor handles the advertising question with no 'prentice hand.

—The Indiana Institute of Homœopathy will hold its quarto-centenary May 13 to 14. The officers anticipate a great session, and request contributions from other States, promising to publish them in its Transactions (which this year will issue for the first time). Last year forty-one new members were added.

—*Homœopathy (?) and Albuminuria.*—If the trouble (albuminuria) is not recognized until shortly before delivery, I usually administer Morphia sulph., 1–20 grain every four hours, until five doses have been given. This is to be followed by whatever remedy is indicated by the symptoms then appearing. The morphia given in this manner quiets the nervous system and relaxes the muscular tissues in the same manner that Gels., *Actea Rac.*, or Bell. will during labor.—*W. A. Farnsworth, M.D.*

The action of Morphia sulph. is so homœopathic to albuminuria that the next remedy will undoubtedly stand out prominently. Everybody, of course, will copy this into his Lilienthal or Hering.

—*Journalistic Amenities.*—"That," says the Editor, "hits him whar he lives. That will close him up as bad as it did when I wrote an article ridicooling his sister, who's got a cock-eye."—*Artemus Ward.*

The profession has recently been made the gratuitous recipient, doubtlessly, of a pamphlet-journal in the interests of a medical college, which will recall the genial showman's remarks.

HOMŒOPATHY—ITS WHEELS OF PROGRESS.*

By I. T. TALBOT, M.D.

LESS than one century has passed since Hahnemann formulated the principle *similia similibus curantur*, and claimed for it, as has since been claimed by many of his followers, universal application in the curative action of drugs. It is sixty-six years since the practical application of this principle was introduced into this country, and aside from the numbers of believers in and practitioners in accordance with this principle who are now to be found in the medical profession, the influence it has exerted on the whole medical world is truly remarkable. The prevailing use of leeching, blood-letting, cathartics, emetics, sudorifics, and rubefacients has almost entirely passed away, and they are seldom or never referred to in the practice of the ordinary physician. It is true blisters are occasionally resorted to and mustard plasters have not been laid aside entirely, especially in domestic practice; but the physician of the last century would hardly find himself and his armamentarium medicorum welcomed in families which have

* Read before the Rhode Island Homœopathic Medical Society at its annual meeting, January 9, 1891.

been educated to the different method of treatment now in vogue. Perhaps the most remarkable change has been in the discarding of the complex formulæ, often composed of the most unknown and noxious substances, which had been accumulated and transmitted through centuries of ignorant and often superstitious practice. These were by many physicians considered the precious legacies acquired through the careful investigation and observation of the past, and the shafts of ridicule and anger were turned upon Hahnemann when he denounced them all as unscientific and valueless, and announced it to be the duty of the physician to study the effects of single and uniform drugs upon the human system, and the administration of them in sickness only when similar symptoms were developed. A revolution so great neither the pride nor the credulity of the profession could at once accept, yet the trend of medical thought has been in this direction, and at the present time the fifty or more classical recipes of the last century are not only consigned to oblivion, but the mass of the profession are studying the effects of single remedies in the treatment of disease. Moreover, the condition of the system as affected by disease, not masked by drug-action, and the *vis medicatrix naturæ* have been carefully studied by the most thoughtful and educated physicians. It is possible that all this advance in medical science might have taken place if Hahnemann had never existed and the methods which he suggested had never been announced. But the rapid following in the wake of their annunciation, and the successful practice which accompanied them, render it probable, almost certain, that these improvements are due to the principles and practice of homœopathy. The adoption and administration, by prominent practitioners and writers, of many drugs which have been studied and used so frequently that they have acquired a fixed reputation among homœopathic practitioners, shows still farther the tendency of the medical profession to accept the well-proved results of the followers of Hahnemann, even though they ignore his principles or theories. To us, who believe in these principles, who look upon them as guides in the study and application of drugs in disease, it seems strange that, upon the very announcement of this law of cure, it should not have been favorably received and carefully studied by the whole medical profession. Probably it was so radically different from the idea firmly fixed with the mass of the profession, and particularly its leaders, and perhaps, too, it was presented in a manner so dogmatic by Hahnemann, to whom it seemed clear and undeniable truth, that the strongest prejudices against it were aroused and have been transmitted with undiminished determination to the present time.

While, then, the whole profession is drifting steadily toward the practice of homœopathy and accepting many of its tenets and proved facts, its members remain as unreceptive as ever to the guiding principle,

without which homœopathy loses its directing force. How is it that in Germany, the land of its birth, and in the continental countries as well as in Great Britain, its progress, if we judge by the increasing number of its physicians, is very slight? From a somewhat careful and long-continued study of this matter I am convinced that the difficulty lies in the adverse control of all the medical schools and largely of the hospitals and dispensaries of those countries. In none of these medical institutions, which are supported by government patronage and authority, has homœopathy been allowed a foothold. If, perchance, a professor has from investigation become convinced of the truth and value of homœopathy he at once loses caste in the profession, and students, often sensitive to the unspoken word, shun his clinics. Thus it was with Tessier, one of the most learned and ablest men we have ever had, who, by the sheer force of success in the treatment of his patients homœopathically, was able to maintain his position in the medical faculty; yet he who was considered previously one of the most brilliant and learned of their number passed the latter part of his life, after his adoption of homœopathy, in almost professional seclusion. In 1854 I followed his clinic for several months, and was impressed with his profound knowledge and skill in the treatment of disease, and yet in all that time, although he was in one of the finest hospitals in Paris, and made his clinical visits daily, I never saw but two other physicians or students present out of the thousands that visited other clinics in the hospital. The homœopathic hospitals of Europe are mostly private affairs, and can but poorly compete with those that have the government, or the accumulated treasury of centuries, to support them.

In our own country it is very different; here institutions are springing up anew in all sections and new institutions are being founded and endowed; here public opinion can be always counted upon to support anything that is new if it seems worthy of such support. Here, too, homœopathy has progressed as in no other part of the world. In less than ten years after Gram first arrived in New York the homœopathic school at Allentown was established, and to this we are indebted for some of our most successful physicians. Dr. Okie of your city, who became a power in the profession, and directed the attention of many medical students to the study of homœopathy, was a graduate from this Allentown Academy. But this school was not established with a sufficiently broad medical curriculum to command the respect of the profession, nor had it the pecuniary support necessary to give it permanency; hence its doors were soon closed. But in 1849, fourteen years later, the school at Philadelphia was established on a broader basis, and has to this day remained a permanency, while its present hospital, dispensary, and college buildings, erected at a cost of more than \$300,000, give abundant indications of its future. That institution

alone has given to the profession no less than 2000 graduates, many of whom, in turn, have been instrumental in the establishment of the other thirteen colleges of our school at present in active operation in the United States.

The total number of homœopathic physicians graduated from these schools was, up to last July, 8320. Probably more in number than all the homœopathic physicians combined outside of this country, so that we can readily perceive what has been one of the great causes of progress of our system of medicine here. While these schools, as a general rule, have compared favorably in extent and thoroughness of instruction with allopathic colleges, it has been only within the last five years that they have taken steps in advance of the great mass of medical schools. By conjoint action through the influence of the Intercollegiate Committee of the American Institute of Homœopathy, our schools have all united in certain essential requirements: First, that all students on entering upon medical study shall pass an examination showing their fitness therefor; second, that a graded and systematic course of study shall be pursued, and that examinations shall be passed in the elementary studies before proceeding to those more advanced; third, that the course of study shall cover a period of not less than three years; and fourth, a plan which was adopted last year, and which goes into operation in all homœopathic colleges in 1892, that a preliminary year shall precede the three years of study in which all the elementary subjects essential to a medical education shall be studied and an examination thereon passed. If all these requirements are faithfully and efficiently carried out the graduates from our homœopathic colleges will acquire a thorough education, and the homœopathic diploma will command a position of respect not accorded to the diplomas of allopathic colleges. These improvements are, indeed, wheels of progress which should inure greatly to the advancement of homœopathy, and every physician of our school should feel the importance of giving his aid and assistance to these colleges in carrying out the important work they have undertaken. It is not to the cheapest but to the best colleges that we should send our students. It is not from those which require the least, but from those which give the most that diplomas should be sought. The expenses of medical colleges are necessarily very great, and every physician should feel it his privilege as well as his duty to assist by his influence, at least,—his purse, if need be,—in giving to these colleges the means of accomplishing the full amount of necessary work.

Intimately associated with, and essential to, the good work of these colleges are hospitals and dispensaries. The strides which homœopathy has made in the last ten years by the establishment and support of such reputable institutions is strongly indicative of the growing strength and permanency of our school. The expense attending them

is of course very great, but it has been met by a generous public wherever attempted in an earnest, energetic, and persistent manner. We need not speak of our struggles and success in this city and in Boston, with which we are fully acquainted, but the completion and recent opening of a hospital with 150 beds in Philadelphia, a still larger one which has been built and done such splendid work in Pittsburg, the establishment of no less than five in the city of New York and two in Brooklyn, the munificent hospital in Detroit, and the hospitals of Cleveland, Rochester, Buffalo, Chicago, Minneapolis, Iowa City, St. Louis, and San Francisco, with many others which I have not here time to mention—all indicate a means of progress of which we were entirely lacking a quarter century ago. Great as have been our advances in the last score of years, you will pardon me if, looking back as I can upon the efforts of our school for the last forty years, I make some suggestions from my own experience and observation, and draw some deductions from the history of our cause in my native city. You may perhaps all know that the Massachusetts Homœopathic Hospital was incorporated by the State Legislature in 1855, and at that time came within a single vote in the State Senate of receiving a grant of \$20,000. Success then would have given sixteen important years of active work and growth to our hospital, which were lost by the discouragement arising from the failure which came so near to success. Again at the beginning of the war, in 1861, when the friends of the hospital were preparing to open its doors, the discouraging cries of the weak-hearted postponed further action for ten years, and in 1871 it was opened with as much of effort and as many adverse prognostications as it would have had ten or sixteen years before. The raising of its funds in 1872, the building of its first structure in 1874, the enlargement in 1883, and the successful effort of last year to secure State aid would all have proved failures had the counsel of the timid and the "doubting Thomases" prevailed.

To what do all these considerations tend? It is that in all our enterprises we need more than anything else—COURAGE. Courage to undertake what we know to be important, and energy, persistency, self-sacrifice, and WORK to attain the end to which our courage has incited us. In your own hospital and dispensary I have always felt the deepest interest, and my own faith has been strengthened by every courageous step you have taken in this city. Your beautiful building and valuable lot of land, carrying with it the earnest interest of many of your strongest and best citizens as well as the members of the profession, has, I am sure, given added strength to your cause in this State. And yet let me ask you if the courage and enterprise which has established these institutions had been developed twenty years earlier and carried forward on a comprehensive and far-reaching plan, with the united energy and earnestness of the homœopathic physicians of Rhode Island, would

not your hospital to-day have been of far greater magnitude and your dispensary of more value and importance than it has already attained? I do not say this in any way to belittle the efforts of the past, or to discourage those who are now so deeply interested; but, on the contrary, let the determinations of the future be strengthened by the successes of the past and the conditions of the present.

I believe I am justified in saying that there is no city in the world that has so large a proportion of wealthy and prominent citizens who favor homœopathy as this city of Providence, and whether you aim at a large or a small result these friends will make corresponding efforts for your success. You have many young and able members of the profession in your society, and it is for their interest—I might almost say essential to their complete success—that your institutions, your hospital and your dispensary, should be such as to give to the community the greatest advantages and command their complete respect. Efforts in this direction strengthen every physician who makes them, and while some can do a great deal more than others in such matters, yet there is no one who should for a moment stand in the way of the wheels of progress, but all should unite to help them forward to the best of their ability.

I am not altogether an optimist, yet there is one idea worthy of consideration; I do not believe that the whole medical world is on the point of dropping its old and bitter prejudices and giving a fair investigation to the principles and practice of homœopathy, but I do believe that the success of our institutions upon a scale large enough to command the attention of the community will also attract the attention of a very considerable number of the profession, and that attention once gained, prejudices and bitter opposition are certain to diminish just in proportion to the success of these institutions.

A few years ago it was deemed a thing utterly impossible to have a hospital in which homœopathic and allopathic treatment could be administered to its patients. The experiment, however, has been tried in a number of instances and we certainly are not astonished at the success of homœopathy. The Cook County Hospital of Chicago, has, for the past five years, had one quarter of its patients under homœopathic treatment. Hospitals have been established in various parts of the United States where the inmates are quite free to choose their method of medical practice, and in Massachusetts there have been established five hospitals in the respective cities of Newton, Taunton, Quincy, Chelsea, and Malden, in which homœopathic and allopathic treatment are admitted on precisely equal terms. The success in these instances has been gratifying, breaking down mutual prejudices and cultivating mutual respect between the two schools. There is even now under the advancing progress and success of homœopathy a

proposition entertained in some of the leading allopathic schools for the establishment of homœopathic professorships, the argument being that in the present state of homœopathy in this country a physician is placed at great disadvantage if he knows nothing on the subject, inasmuch as all homœopathic physicians have the advantage of knowing allopathic methods and treatment as well. Nothing can tend to bring this to pass so quickly and so completely as the success of our own institutions, and this again is a powerful incentive if we believe, as we certainly do, in the truth of our principles and the great benefit they are to humanity, to labor with all our might for their highest development.

Your program tells me that this is the forty-first annual meeting of the Rhode Island Homœopathic Medical Society. With the year 1900 you will have reached your fiftieth anniversary. What may not the next nine years accomplish! I look forward with expectation and hope that your semi-centennial meeting in January, 1900, may be an occasion of congratulation and joy for the results attained.

KOCH'S DISCOVERY, AGAIN

By W. IRVING THAYER, M.D.

WHAT'S discovered? Certainly, so far as we know, no well and marked case of tuberculosis of lung tissue has been radically cured.

We wish it was so!

It is said that lupus is almost certainly—let us say certainly—cured by Koch's treatment. We'll admit it, and rejoice.

So too, has "Mitchel's Method," cured several cases of lupus, used by an old-school physician, S. M. Wort, M.D., of Hot Springs, Ark., as related by Dr. W. E. Green, of Little Rock, Ark.

Where, then, is Koch ahead of Mitchel? Koch is ahead! by being behind Mitchel by two years.

Mitchel's Method *has cured radically* many cases of carcinoma,—eating ulcer,—epithelioma, and lupus. All of these are "eating ulcers."

It has been suggested by some experimenters—old school—that lupus is an external tubercular affection, which is true, and that Koch's lymph so readily cures lupus, it must of necessity cure tuberculosis of the lungs and bones. If it does, that is to say, cure tuberculosis of these last two named tissues, why won't Mitchel's Method do the same thing? since lupus has been cured by *Arsenicum à la Mitchel*, many times.

What success can a truly scientific practitioner hope to obtain in curing disease, whose only guiding aid is, analogy; that is to say, "since

this remedy—lymph—has cured tuberculous lupus, it must of necessity cure tuberculosis of lung tissue."

It will be remembered that a rise in temperature is one of the first symptoms shown after an injection of Koch's lymph.

So too, fever is among the *first* and most constant symptoms on the administration of Arsenicum.

It is in evidence that Arsenic can cause fever without local inflammation. Von Granvogal found that by taking the 15th dilution for some days great thirst was produced. The 5th potency produced great languor and sleeplessness, with the thirst; and not till he descended to the third decimal did he get inflammation of stomach and bowels.

There are strong grounds to believe that Koch's lymph contains a highly attenuated form of arsenic. I have never seen this suggested, or so much as even hinted at.

Dr. Hughes says: The irritative fever of Arsenic suggests its use in *hectic* conditions, such as accompany tuberculosis.

Dr. Ringer adds: It will reduce the temperature in tuberculosis; the symptoms are relieved and even apparent cures effected.

Why not?

Arsenicum *will produce* all of these prominent symptoms by continued proving. Loss of appetite, great and increasing exhaustion, hectic fever, cough, wasting, dropsical swellings, and to satisfy our bacteriologist will offer no objection to the bacillus—which we are all breathing in all of the time—from finding a temporary habitation in lung tissue and taking excursions with the sputa outside of the body.

There are other symptoms in phthisis that Arsenicum will not fully cover, and they must be met with other *symptom coverers!*

So, too, will Phosphorous produce hectic fever, marasmus, diarrhoea, and is a first class pure irritant upon lung tissue. It will produce hepatitis, marked laryngo-tracheal and bronchial irritation and pulmonary congestion.

There are many deep reaching drugs that will produce some shade of tuberculous phthisical symptoms, and must be administered if all of the exhibiting shades of the disease are to be eliminated. If true, what per cent. of cures, can any lymph inaugurate or complete?

Hence, you will find Koch's lymph a failure in curing even a small number of tuberculous patients.

Wait and see! December 30, 1890.

A higher attenuation of a given drug can be more successfully—curatively—administered by injection into the circulation than by the mouth.

REFLECTORY REFLECTIONS.

By S. T. X.

SOME very curious things, appearing in our current literature, are worthy of more than a passing notice. Just now we have in hand the latest issue of the *Homœopathic Recorder*. The publishers are Boericke & Tafel ; but we do not know (?) who is the editor. We fancy sometimes that he is "a new hand at bellows." An old one, well posted on science, would not have written :

"Dr. Holcombe tells us that everything we read or hear is recorded indelibly on some part of the brain." (i.o.) If Dr. Holcombe is the author of that statement, he must be father to his great-great-grandfather. Why not make him the author of the Ten Commandments ? But Dr. H. would not so unfeelingly have set down on the sense of touch ; nor would he have lacked the taste to note the action of the gustatory apparatus ; and he *knows* well enough that the sense of smell is as good a recorder as is hearing, to say nothing of seeing. No fault can be ascribed to Dr. Holcombe ; and he will doubtless smile when he sees what the unknown (?) editor of the *Recorder* has done to make a sort of plagiarist of him. As for the Editor—well, if he is a gray-haired man, his case is hopeless. You can't teach old dogs, etc., you know.

In the same journal, we find the following astonishing remark : Cowperthwaite says : "Mercurius acts profoundly upon the entire organism ; affecting both the function and substance of every organ and tissue of the body." (i. o.) So it does, no doubt ; and so it has, for hundreds of years before Cowperthwaite was born ; and, what is curious, more than a thousand writers during the past centuries have written down the same observation. The correspondent who makes the statement knows medical history too well to deliberately make it ; and he would not, if only he had thought. But the *incog.* (?) editor, where was he ?

FRACTURE OF RADIUS AND ULNA—A CASE, WITH TREATMENT.*

By E. G. GRAHN, M.D.

DURING the month of September, 1889, my eldest boy, a lad of fifteen years, experienced the misfortune of breaking his right arm near the wrist joint.

He was with some other boys jumping from a spring board. They had taken the precaution to lay down a straw tick, but in his efforts to excel the others he sprang so far as to alight beyond and rather to one side of it in such manner as to lose his balance, and, throwing his

* Read at the twenty-fourth annual session of the Indiana Institute of Homœopathy, Indianapolis, May 15, 1890.

hands backward to prevent striking the ground with his body, his right arm received the shock, the result being a fracture of the radius and ulna a little more than one inch above the wrist joint.

The fracture of the radius was a rather long one, while that of the ulna, though not really transverse, was a very short oblique one.

There was really nothing of the so-called "green stick fracture" about them, but both bones were broken completely across.

While at college, I, like most students, was taught that plaster of paris was really applicable to all except, perhaps, a very few fractures, and I certainly have had some very satisfactory experiences with plaster as a dressing in fractures of the tibia and femur, and all of them in aged persons.

I determined in this case, however, to use splints instead of plaster, for, both bones being broken, I feared I could not so well keep them from approximating each other too much, by crowding the interosseous space—if the plaster was used, while I was satisfied—theoretically, at least—that this could be accomplished by using what may properly be called the reinforced splints.

I therefore procured some light splints of the thickness of cigar-box wood. I cut them in length to reach from a few inches below the elbow to a point a little beyond the middle of the hand, and in width to extend nearly one eighth of an inch beyond either side of the arm. I next prepared from soft pine wood, two pieces, half oval in form, five eighths inch wide, four inches long, with beveled ends. With very light nails, only a little heavier than pins, I attached these pieces to the splints in such place that their lower ends, when in proper position on the arm, would be close to the wrist joint.

These pieces for reinforcement were fully one quarter inch in thickness, and therefore exerted a considerable upward and downward counter-pressure between the two bones, and kept them in their proper places.

Having in this manner prepared the two splints, I simply covered them with some cotton batting, and with the arm in the usual position for dressing a Colles fracture, I applied them, drawing the roller bandage quite tight at first, for having the splints wider than the arm, and the oval wedges in their proper places, I was certain that I could not draw the bones toward each other so as to crowd the interosseous space since the bandage pressed only very lightly against the sides of the arm, which had been previously covered with a strip of cotton, just sufficient in thickness to allow of slight lateral pressure.

The dressing felt quite comfortable, and after a few days I loosened the bandage somewhat over the hand and wrist joint, so as to allow slight motion. Near the end of the second week I removed the dressing carefully, and by laying the arm—flat upon its dorsal surface—on

a table, he made slight motion with the fingers and then also with the wrist joint, at the same time holding the arm with the left hand at the seat of the fracture.

It was evident that union was taking place nicely, for the motion at the wrist joint was quite satisfactory. This procedure was gone through with every few days, the healing process going on uninterruptedly. About the end of the fourth week the half oval pieces having performed their duty were removed from the splints, and these latter applied plain for a few weeks longer, and as it did not then seem longer necessary to use them, simple pasteboard splints were used in their stead for a few weeks longer, when the arm was to all appearance completely and perfectly healed, so that the bandage alone was applied for a few weeks to remind him of the fact that he must yet be careful of the arm.

In reciting this case I may have presented nothing which is altogether new, though it is sought to leave the impression that such a splint dressing as was used is quite superior to a plaster dressing, because it is much easier, with the half oval pieces attached to two firm splints properly applied, to keep the two bones from crowding into the interosseous space, which, if it occurred, would make the arm smaller or narrower than normal.

Nor did the pressure of these attached pieces produce the least strangulation of any of the blood-vessels. Neither was it necessary to draw the bandage so tight as to make the pressure of these pieces really uncomfortable, and yet they formed an excellent wedge on either surface of the arm to keep the bones in a normal position.

Respecting these half oval pieces, care should be taken that they be not too wide nor too thick, their size being regulated by that of the arm for which they are to be used. Being of improper size they might, by undue pressure, make the dressing not only uncomfortable but produce strangulation of blood-vessels.

Making the splints a little wider than the arm insures against lateral pressure, which can be so modified by a layer or two of cotton placed against the sides of the arm that it will be rather elastic in character, yet sufficient to counteract too great central pressure from the attached pieces and at the same time make the dressing a compact one.

The results in this case were so satisfactory throughout that I feel justified in recommending this form of dressing in all cases of fracture of both radius and ulna, or either of these bones. It is to be recommended in preference to plaster, first, because of its greater lightness; second, because of its ready removal and reapplication when the time arrives for frequently making motion of the wrist joint, and third, because of its assured safety, there being no fear of lateral pressure and consequent narrowing of the arm.

ABRASION AND ULCERATION OF THE OS AND CERVIX.*

By J. S. MARTIN, M.D.

USUALLY denominated cerusitis catarrh of the neck of the uterus, or cervical leucorrhœa. The membrane of the os externum is similar to the epidermis covered with pavement epithelium. If from any cause the cervical glands become unusually active, rapid proliferation of their cells takes place, and if any part of the pavement epithelium around the external os becomes abraded, it is replaced by the cylindrical variety, producing reddened erosions, which are usually called catarrhal patches, but are evidently an ulcer. There seems to be a variety of this condition, or at least different degrees of extension of ulceration. The causes seem to be : first, a want of cleanliness; and second, a want of nutrition to the immediate parts through the blood supply, which together set up an acute inflammation, producing an abraded surface of the external os, and finally terminates in chronic inflammation.

The mucous membrane becomes thickened, the abraded surface is deepened into ulceration, which extends along the cervical canal, and mucus and pus are constantly exuding from this ulcerated surface. Often when we first see these cases we find the ulcerated surface studded profusely with little follicles or follicular excoriations, which bleed very easily when touched with a probe ; and again we find the os uteri very much enlarged, the lips being thick and spongy or pouting, and a bloody mucus or pus-like discharge in considerable quantities. This condition is possibly due to often recurring pregnancies, laceration of the cervix, chronic metritis, or subinvolution of the uterus. Some of the symptoms are irregularity of menstruation, which may be either profuse or scanty. The patient becomes nervous, moody, and often hysterical. Her digestion is enfeebled, the blood impoverished—a result of impaired nutrition. Besides this, we get reflex dyspepsia, palpitation of the heart, dull, heavy pelvic pain, backache, dragging weight in the pelvis, etc. The fact must not be lost sight of that this affection of itself keeps up a hyperæmia in the subjacent and neighboring parts of the uterus and even extends its influence to the ovaries.

Treatment.—Treatment consists both of constitutional and local medication. Some of the most important remedies to be given internally are Sepia, Hydrastis, Kali bich., Iodide of ars., Conium, Calcarea carb. (Merc. iodide), Bell., and Phosphoric acid. If I find the patient weak and debilitated, with a relaxed vagina, womb down (no appetite, no digestion), I give Phos. acid, 1st dilution, on disks every three hours. In a very short time my patient is rapidly improving. If the patient is a

* Read at the twenty-fourth annual session of the Indiana Institute of Homœopathy at Indianapolis, May 15, 1890.

brunette and there are any symptoms calling for Sepia, always give it; it will work wonders.

Local Treatment consists in the local application of medicine directly to the diseased parts. These local applications may be used either dry or moist. Some of the dry medicaments are Hydrastis, powdered root; Iodiform, Boracic acid, Calendula flowers, dried and powdered. Each of these may be applied directly to the diseased parts by means of a powder blower. Some of the best local moist applications are Glycerine, Pinus canadensis, and pure oil of tar, combined, $\frac{1}{3}$ each, used on a cotton-wrapped probe, to the ulcerated surface; or may be used on cotton tampon pressed up against the vaginal surface of the womb. If there is much inflammation about the uterus I use Glycerine, Alum, and Belladonna combined for a few applications.

The best healing as well as cleansing preparation I have ever used locally is Hydrogen peroxide. It seems to clean the tenacious discharge from the cervix better than any other local application. The treatments are usually given every four to six days; after each treatment, say from forty-eight to seventy-two hours, I have the patients use a disinfecting wash and thoroughly irrigate the vagina with any of the following preparations: Hydrogen peroxide, two parts to six of water; Phenol sodique, one part to six of water; non-alcoholic fluid Calendula, one part to six of water. Use them warm or hot, as the case demands. Dr. Sherman, of Boston, says: "In any case, whether it be the cause or result of the disease, I believe the constitutional treatment to be a great factor, if not the greater one. Whatever builds up the general health and sends good, pure, rich blood to the diseased parts, will do more for the cure than anything except cleanliness; and I am of the opinion that if the later element were sufficiently persisted in from the time of puberty until the menopause, there would be much less need of gynecologists and surgeons in this department of medicine."

MUNCIE, IND.

THE COMMONER DISEASES OF THE PHARYNX AND LARYNX.*

By DUDLEY WRIGHT, M.D.

I SHALL not enter into a discussion upon acute catarrh of the naso-pharyngeal tract, but, passing this over, will commence with the extremely and often intractable disease—chronic naso-pharyngitis.

This disease may be present in one or both of two forms: The first consisting of a more or less uniform redness of the mucous membrane with, perhaps, slight swelling; the second, to which the name pharyn-

* Read before the British Homœopathic Society, January 1, 1891.

gitis granulosa is given is characterized by the presence of the so-called granular bodies in various parts of the pharyngeal tract. They vary in size from a pin's head to a split pea or even larger, and are situated by far the most commonly in the pars oralis.

According to Saalfeld and Roth these bodies are due to "a circumscribed proliferation of the lymphoid tissue around the duct opening of a mucous gland," and most observers are agreed that their presence is a manifestation of the evil effects produced by irritation, of one form or another, applied to the mucous membrane of the pharyngeal tract.

The most common of these irritants is the improper use of the voice, in which he would include not only improper voice production, but also over-exertion of the voice or straining, an act entirely controlled by the pharynx. That this is really a common factor is demonstrated by the very frequent occurrence of the disease in clergymen and public speakers, from which fact it has obtained the name of "clergyman's sore throat." Other important causes are excessive smoking, especially if expectoration be frequently carried out during the act, and alcoholic excess. One form of the disease, which according to most English observers is uncommon in this country, is that in which the granulations are grouped more particularly at the sides of the pharynx. To this the name lateral hypertrophic pharyngitis has been given. In such cases inspection shows an irregular and elongated swelling of the mucous membrane behind each posterior pillar of the fauces, springing forward and inward, and coming very prominently into view when the patient is made to say "a."

This form is of importance, inasmuch as the granulations, being in close proximity to the opening of the eustachian tubes, are more likely to obstruct the free passage of air into the middle ear and lead to ordinary "throat deafness" and other consequences of eustachian blocking, than the form in which the granulations are situated more in the middle line of the pharynx.

A common symptom in these cases is a "sticking" pain running up in one or both ears.

If the granular pharynx is not carefully treated atrophy of the mucous membrane is very apt to ensue, and we then have the atrophic form of pharyngitis in which there is a loss of epithelium, atrophy of the glandular tissue, and thus a diminution or complete absence of secretion, the mucous membrane becoming dry and glazed.

In the vault of the pharynx is situated the mass of lymphoid tissue called Luschka's tonsil. This organ possesses numerous crypts, similar to those of the faucial tonsils, though larger, running into its substance.

It is the hypertrophy of this pharyngeal tonsil which forms the

adenoid vegetations so commonly met with in children from the age of six years upward.

Besides this, another form of disease is liable to be produced by certain alterations in its structure. About its center is situated a crypt which is somewhat deeper and larger than the rest, and which has been called the bursa pharyngea. This crypt is liable to be attacked by a form of chronic inflammation which causes it to be the seat of a stringy muco-purulent discharge which, issuing from its mouth, may appear trickling down the posterior pharyngeal wall behind the uvula. This process may, of course, occur in any of the other crypts, but its effects are much more noticeable and possibly more common in the larger central one.

In order to make a certain diagnosis, posterior rhinoscopic examination is necessary, and the discharge may sometimes be seen issuing from the mouth of the crypt. I have not yet myself had an opportunity of seeing one of these cases, but it should always be looked for in patients suffering from a chronic discharge from the posterior nares. In some cases examination of this region may be assisted by some form of uvula retractor, one of which I pass round. They are not often needful for examination purposes, but may be found useful when it is desirable to apply remedies locally.

With regard to the treatment of chronic catarrh we have many remedies from which to make a selection. For those cases attended with a scanty secretion and constant hawking, especially when this occurs in the morning soon after waking, *Nux vomica* will generally give prompt relief. When the granular condition is marked, *Sanguinaria* taken internally, or, as I prefer it, locally with glycerine or in a warm spray, is as good a remedy as one could wish.

Phytolacca is useful in those cases of chronic sore throat increased by exposure to cold winds, with pains commencing in the throat, extending downward, and exciting a paroxysmal cough with thick mucus.

Bichromate of potash is chiefly indicated in those forms attended with considerable muco-purulent discharge and involvement of the nasal mucous membrane, and should be of use in the disease described by Tornwald. One other form of medication I have found useful, especially in chronic catarrh left after repeated acute attacks, is the inhalation of camphor mixed with sulphuric ether, in the proportion of ten of camphor to 100 of ether.

Some forms of pharyngitis are marked by the presence of enlarged and tortuous veins beneath the mucous membrane, and often by a varicose condition of the veins at the root of the tongue. In these cases *Pulsatilla* is the indicated remedy, though it is often necessary to destroy the varix by means of the galvano-cautery. *Pulsatilla* is more

particularly indicated in those cases of long-standing pharyngitis accompanied by a characteristic train of mental and gastric symptoms.

Chronic laryngitis is one of the most common forms of laryngeal disorders with which one meets. In it one finds a more or less equally distributed injection of the mucous membrane of the larynx, with or without involvement of the true vocal cords. The redness and swelling is, as a rule, most marked when the tissues are loose in texture, as over the ventricular bands and aryepiglottic folds ; but the epiglottis may become intensely injected, especially in those cases due to alcoholic excess. Bands of mucus may be seen stretching from cord to cord, which, breaking when the cords are widely separated, as in taking a deep breath, leave an appearance of crenation of the free borders. Often, also, will be found a want of the power of approximation of the cords in their central parts, owing to weakness of that portion of the thyro-arytenoideus muscle, which exercises a control over the tension of the cords, and at the same time a certain jerkiness in their movements may be noticed. As in the pharynx, so in the larynx, though to a lesser degree, the glandular lymphoid tissue may become enlarged, forming the so-called follicular laryngitis.

Erosions of the mucous membrane may be present, though true ulceration seldom if ever occurs. When the loss of epithelium takes place on the vocal cords, an absence of the characteristic sheen will be noticed on the damaged parts. The treatment of chronic laryngitis is very much the same as for chronic pharyngitis, but I may mention *iodine* as a drug to be used in the follicular form.

It must, however, never be forgotten that both chronic pharyngeal and laryngeal catarrh are as often as not complicated with some form of nasal stenosis, and may really be the result of the stenosis. Any form of treatment, then, is useless until we remove the exciting cause from the nose. So long as the stenosis exists the patient will breathe through the mouth, and this will invariably keep up the irritation.

Before passing on to the specific forms of inflammation, I should like to mention a case of a rather anomalous character which was under the care of Mr. Shaw in the hospital last year. A female child, aged five years, who had previously been operated on for post nasal adenoids, was admitted with a sore throat, which had been coming on for the last four days, general weakness with a temperature of 101° . Examination showed the fauces to be much injected and the tonsils enlarged (this was old-standing trouble). On the lower half of the uvula was situated a dumb-bell-shaped bleb, the remainder of the uvula being of an intensely red color. On the upper part of the right anterior pillar of the fauces were two other blebs, with a surrounding zone of hyperæmia.

The posterior pharyngeal wall was deeply injected and the tongue

coated. On the second day after admission a rash somewhat similar to that of scarlet fever was noticed on the arms and shoulders, and at the same time the skin was hot and dry, but by the evening the rash had gone and the skin was moist. By the fourth day the temperature was normal, and the blebs had nearly disappeared, but at this time what appeared to be pompholyx formed on the outer side of the terminal phalanx of the right index finger. The child, however, went on well and was soon sent down to the Eastbourne Convalescent Home.

She received Bell. while the acute stage lasted, and at the end Rhus tox. From the faucial appearances I should be inclined to class this under the head of herpes of the pharynx, the attack somewhat corresponding to those cases in which a rise of temperature is followed by no other symptoms than herpes of the lips.

Cases of syphilis of the pharynx are unfortunately common enough in both its secondary and tertiary forms, and in hospital work one is constantly meeting with patients who present various features of this affection. They are generally the most satisfactory cases we have to treat, and the results are very encouraging.

Cases of primary chancre of the pharynx or oro-pharynx, would hardly come under the heading of this paper, so I propose to deal only with the two other forms of the disease.

The throat manifestations of the secondary stage are of the same nature as those of the skin.

A more or less symmetrical hyperæmia of the mucous membrane of the fauces and velum, together with a slight amount of swelling owing to serous infiltration of the submucosa, is to be seen. The swelling is, of course, most marked where the tissues are loose, and hence the uvula may be considerably swollen and its edge have a peculiar semi-transparent look owing to the œdema. The posterior pharyngeal wall is not so often attacked by the inflammation, though the naso-pharynx may become involved together with the lining of the eustachian tube. Mucous tubercles may be present, corresponding to the papular eruption of the skin, and on them "plaques" of exudation may form ; but in many cases these plaques are not due so much to an exudation as to the heaping up of sodden scaly epithelium.

This was a typical case of secondary syphilitic sore throat in a man, aged twenty-one years, who was first seen here by me last May. He had a hard chancre in January and the sore throat came on at the end of February. When seen he was decidedly anæmic and the forehead and upper part of the chest was covered with a thick macular and a papulo-squamous eruption, which had been present for two months. On the right tonsil and anterior palatine fold is a "plaque" of a horse-shoe shape, and on the left side is a more irregular shaped

one. The mucous membrane around them is much congested and there is slight œdema of the uvula. There was an enlarged unindurated gland at the left angle of the jaw. The hearing power was only in contact with the watch in the right ear and $\frac{1}{8}$ in the left ear. He had previously been treated at the Northwest London Hospital. I ordered him Merc. sol. 3x mv. t.d.s. and Ung. hydrarg. ammoniatia, with Lanoline and Glycerine in equal parts for the eruption. In a month the rash on the arms and body, and the sore throat had quite gone, but there were still a few maculæ left on the forehead.

The symmetry of the erythematous or papular eruptions of the throat are very characteristic, and Jonathan Hutchinson has given to it the name of "Dutch garden symmetry."

In the secondary form of the disease true ulceration very rarely takes place. The plaques may be mistaken for ulcers, but careful inspection will prevent this error. A certain amount of erosion of the mucous membrane may occur, but ulceration is practically limited to the tertiary stage and is then the result of breaking down of gummata.

Secondary syphilis may assert itself in the larynx in very much the same form as it does in the pharynx, though it is less frequent and its manifestations do not show the same tendency to symmetrical arrangement as in the latter seat. Another important feature about laryngeal involvement is that it does not show itself as a rule till a much later period than the pharyngeal form; indeed, it is generally only first present when the latter trouble has nearly or quite subsided.

If mucous tubercles are present they generally occur in the epiglottis, and in the larynx the same rule holds good with regard to true ulceration being rare in the secondary stage.

The voice is more markedly affected in cases of specific than of simple laryngitis. Periods in which the voice is quite lost are not uncommon, and are chiefly dependent on atmospheric disturbances, and when the voice is restored it is almost always husky for a considerable period and may become permanently so.

The treatment of the various conditions of secondary syphilis are eminently satisfactory. Perchloride of mercury suits most cases, and I have not seen a case which did not obtain benefit from it. For the pharyngitis a gargle of 1-20 Nitric acid solution is highly beneficial. I know of nothing which so quickly removes the discomfort occasioned by the hyperæmia. The same or a little weaker lotion may be applied locally to the laryngeal mucous membranes by means of the laryngeal brush, or better, a probe covered with cotton wool. The patient must avoid eating anything which may act as an irritant to the inflamed parts, such as curries or mustard, etc., and he should take great care that the teeth and cavity of the mouth are always kept clean.

We have seen that the pharyngeal and laryngeal lesions of secondary syphilis are similar in their pathology to those found on other parts of the body, and we find that the same order of things obtains with regard to the tertiary stage. We have the same gummatous deposit, the same loss of tissue or ulceration brought about by changes taking place in the walls of the vessels supplying the gummata, and the same tendency to heal up under suitable remedies. The soft palate and uvula is the most frequent seat in the pharynx for gummatous deposits, and it is here that the disease leaves the clearest traces of its past existence. A more or less localized hyperæmia and swelling of the part attacked is to be first noticed; death of tissue soon follows, and an ulcer forms which is generally covered with a tough yellowish slough, the remains of the necrosed tissue. If this slough be removed, the ulcer will be seen to be of a considerable depth, with undermined edges, and the mucous membrane in the vicinity of an intensely red color. The discharge which comes away mingles with the saliva and renders that secretion offensive and highly septic. The glands at the angle of the jaw will, moreover, be increased in size.

If there is a gumma at the root of the uvula, the blood supply of that appendix may become cut off, and true gangrene of the uvula results; this I have seen happen in a very severe case. In other cases the gumma is situated in the substance of the uvula itself, and the ulceration which follows results in its complete disappearance. The soft palate may become perforated, and the loss of tissue over the hard palate may cause necrosis of the bone and exfoliation.

Under treatment the healing process soon commences, the sloughs disappear, and the ulcers look healthier and gradually diminish in size. Cicatrization now takes place, and if the ulceration has been at all severe, and there has been much loss of tissue, considerable deformity will result. The first case was that of a female, æt. fifty-two, admitted to hospital for severe syphilitic ulceration of the soft palate. Two perforations could be seen, the uvula having entirely disappeared, and on the left side a bridge of tissue, running up from the anterior pillar of the fauces, stretched across one perforation. The second case was that of a girl aged eighteen years, who acquired syphilis at fifteen years. In this case the uvula had quite, and the velum almost entirely ulcerated away, and there was a considerable amount of scarring of the posterior pharyngeal wall.

Tertiary syphilis of the larynx may follow on a case of tertiary syphilitic pharyngitis, but should this be the case its ravages seldom extend below the epiglottis. It occurs, as a rule, as a very late manifestation of the disease, and often not until some ten or fifteen years after the primary stage. The gummatous deposit breaks down and a typical syphilitic ulcer is the result. These ulcers may be present in the epi-

glottis,—which is most commonly the case,—on the vocal chords, or on the inter-arytenoid space. When on the epiglottis, the ulcer may be very readily seen, and its edges often acquire a peculiar mouse-nibbled contour, which is very characteristic. The process of cicatrization of these ulcers is often attended with a good deal of contraction, and this may lead to stenosis of the larynx of extremely troublesome character. During the process of ulceration the cartilages of the larynx may become attacked, and pieces may from time to time be discharged.

Acute oedema may occur during the progress of the case, and such an accident often calls for the prompt performance of tracheotomy.

The treatment of tertiary syphilis is, as a rule, very satisfactory so long as we only have to deal with ulceration, but the after-effects produced by cicatrization are always very troublesome. The ulcerative process is in most cases entirely stopped by the internal administration of Iodide of potash in 3 to 5 grain doses.

Hutchinson has given us a very good example of the homœopathicity of this drug in his *Archives of Surgery*, where a case of Iodide of potassium poisoning, with the production of numerous gummatous-like growths, and which were indeed mistaken for such, is well illustrated. Should the Iodide fail, we fall back upon Nitric acid, both internally and as a mouth wash. Any good antiseptic mouth wash may be used—preferably Permanganate of potash—and after the sloughs have been removed the ulcers may with advantage be painted with a 1 per cent. solution of Iodine in Glycerine.

During the ulcerative stages of tertiary syphilitic laryngitis, the same treatment may be adopted, but when cicatrization has ended and stenosis is left, surgical treatment is necessary.

A deposit of tubercle in the larynx may take place during the course of chronic pulmonary tuberculosis, or, as post-mortem examination has proved, without the primary affections in the lungs.

The first pathognomonic signs of laryngeal tubercle are often preceded by a marked anæmia of the mucous membrane. The white cords do not stand out with their usual distinctness against the other colored portions of the larynx. Marked pallor of the mucous membrane is, then, always a suspicious sign, and more especially so if to this be added a certain amount of aphonia and imperfect adduction of the vocal chords. These symptoms in delicate women with menstrual disturbance are by no means uncommon precursors of laryngeal tubercle.

Swelling of the parts in which the deposit of tubercle has taken place is the next change. This is the first characteristic of tubercular disease of these parts. It is generally localized to one particular spot, especially the inter-arytenoid space or the coverings of the arytenoids.

The tumefaction is due to a tuberculous infiltration of the sub-

mucous tissues, and is not to be confounded with the swelling due to oedema which sometimes occurs during the course of tubercular laryngitis owing to perichondritic changes.

When the deposit is over the arytenoid cartilages the swelling is very characteristic, the two pyriform bodies standing out prominently, with their larger ends meeting in the middle line and the other ends tapering outward. The epiglottis and the ary-epiglottic folds may be likewise affected, and in a sketch taken from a patient, kindly sent to me by Dr. Cooper, there is a good example of tubercular infiltration of the right half of the epiglottis and the covering of the right arytenoid cartilage. In this case there is considerable hyperæmia of the affected areas which is not usual, the color, as a rule, being described as "muddy" or grayish, with a few dilated vessels crossing over the swelling. In the above case there is also some commencing ulceration of the inner edge of the swollen epiglottis and of the right ventricular band, with hyperæmia of the right vocal cord. The patient's age is twenty-six, and he has slight evidences of phthisis at the right apex.

The swollen parts may attain an enormous size before ulcerating, but sooner or later the mucous membrane gives way and small ulcers form, which by confluence form larger ulcerated areas.

About this time, or even sooner, paralysis of one or both cords may appear, and this is due either to direct impediment to their movements, owing to the swollen condition of the parts, or to pressure on some part of the recurrent laryngeal nerve, the right nerve being more commonly involved than the left owing to its anatomical relations.

One meets occasionally with cases in which there is no marked swelling of the arytenoids or epiglottis, but in which there are present on the posterior wall of the larynx some polypoid excrescences. These, at first sight, are apt to mislead, but careful examination will probably prove them to be the upper indurated border of a tubercular ulceration, which is limited to that part, the ulceration itself not being visible, owing to its irregular upper edge which, projecting forward, appears, as the polypoid excrescences and thus obstructs the view. In process of time the ulceration may be seen creeping on to one or the other vocal cord or ventricular band and the diagnosis becomes no longer doubtful.

It is necessary to say a few words on the subjective symptoms of this disease, as their presence not only aids us in treatment but also in diagnosis and prognosis.

The voice is usually early affected, becoming weak and often quite aphonic. In syphilitic true aphonia does not often occur, the voice being only hoarse.

Respiration is not often embarrassed though often more frequent than natural, owing to the condition of the lungs. Stenotic suffocation is not so common as in syphilis.

Cough and expectorations are much dependent upon the condition of the lungs; and hæmorrhages, apart from a pulmonary origin, are rare, whereas in cancer and syphilis they are fairly common.

Pain is present when there is much cough, and especially when the epiglottis is involved, as every particle of food irritates the tender surface. Pain is a rare symptom in syphilis.

The prognosis is usually unfavorable, especially when the epiglottis or pharyngeal aspect of the larynx is involved, for, owing to the painful deglutition, sufficient nourishment is not easily taken, and the patient's end is rapidly hurried on by starvation.

When the disease is confined to the intra-laryngeal portion we may have hopes of arresting its course.

In treatment the two chief drugs we have to rely upon are Iodide of arsenic and Iodide of mercury. Dr. Beebe in the *Journal of Ophthalmology, Otology, and Laryngology*, for October, 1890, reports three cases of this disease in rather an advanced state, receiving great benefit from the former drug, and Ferrum phosph., combined with local treatment of the ulcerated areas, with twenty and fifty per cent. solutions of Lactic acid, Iodoform powder being afterward dusted on.

Bichromate of potash would be indicated when there is much ulceration and chondritic change.

To relieve the cough, which is often a very troublesome symptom, inhalations of Conium are useful.

℞ Sodæ carbonatis exsiccææ gr. xx
Aquæ (140° F.) fl. ʒ xx

Solve et adde—

Succi Conii fl. ʒ ii

The vapor should be inhaled once or twice a day.

(The above is from the *Throat Hospital Pharmacopæia*.)

In many cases Codei in $\frac{1}{4}$ gr. doses, with a drachm of Glycerine, will be found to give great relief to the cough.

A twenty per cent. solution of Lactic acid applied to the ulcers is a very favorite remedy, and in some cases has caused them to heal up rapidly. A form of treatment which has been lately advocated, and I myself can testify to the relief sometimes given to the patient from cough and pain, is the injection into the larynx of a twenty per cent. solution of Menthol in olive oil. Many patients treated by this method express great relief, and often the emaciation is arrested and weight regained.

Discussion.—Mr. Knox Shaw thought Mr. Wright's paper an excellent combination of modern surgery, with hints for the best medicinal treatment. There were, however, some remedies he had not mentioned. Hydrastis was one. Chronic post-nasal catarrh he had seen relieved

by this, and the local application of Hydrastis with Glycerine was of great service. He had found Calcareo phos. very useful in adenoid disease. Some patients, on whom it had not been convenient to operate at the time, materially improved under Calcareo phos. But he thought operation should not be delayed too long. A vapor of Chloride of ammonium had been useful, applied to the nose and pharynx. With many a patient with chronic hoarseness, improvement would not take place till the pharynx was seen to. Nitric acid rx was useful in syphilitic ulceration, as well as mercury. He had long considered what was the relation between Iodide of potash and tertiary syphilis. Mr. Wright had asserted, on Mr. Hutchinson's case, that it was a homœopathic relation, and if so, this cleared away a difficulty. Mr. Hutchinson had given good illustration of homœopathic action in showing the power of Arsenic to cause cancer, which, as homœopaths knew, it had also cured.

THE INTERNATIONAL HOMŒOPATHIC CONGRESS.

Editor of the AMERICAN HOMŒOPATHIST:

The American Institute's Committee on the International Homœopathic Congress is endeavoring to give direction and character to the essays and discussions of the Congress, and to this object more time and energy have been devoted than to any other part of the committee's labors. It would seem that as the themes and discussions of a national medical association naturally take a broader scope than those of a local society so the work of an international congress should be more comprehensive and far-reaching than even that of a national convention. This committee is, therefore, seeking to bring before the approaching Congress some of the broadest and highest questions that confront our profession in all its departments. It is important that the Congress should discuss, for instance, some of the broad and imperative issues of modern surgery, rather than the technical details of some minor or major operation,—the influence of the Law of Cure in a whole realm of maladies, rather than the indications for this or that remedy in some particular disease,—the construction of a *Materia Medica*, rather than the symptoms of an individual drug. To this end our committee has labored and, thus far, with most flattering prospects of brilliant success. Papers bearing upon these classes of subjects are in course of preparation by physicians selected from among those best qualified for the work, and others, equally distinguished in the various departments, have consented to take leading parts in the discussion of the papers.

In order to correct a misapprehension, it may be stated that the object of the committee is not to control the Congress, but to serve it. Undoubtedly the Congress will adopt and enforce rules of its own, those governing the reception and discussion of essays included. This committee does not deem itself authorized to reject any paper that may be offered, on any medical or surgical topic whatsoever. Its object

is to *include* papers of a certain general character, but not to *exclude* anything. All essays, whether prepared at the instance of the committee, or as voluntary contributions, must be passed upon by the Congress or by its delegated authority; but the committee will probably recommend and urge that such of the essays as are more or less in harmony with the views above mentioned, shall take precedence of others, and it is quite likely that these will occupy nearly all the available time of the convention.

Notice is hereby given that, to insure the publication of the title of any paper in the "Annual Circular and Program," said title must be in the hands of the undersigned on or before April 5, and the paper itself should be sent as soon thereafter as possible to the chairman of the committee, Dr. T. Y. Kinne, of Paterson, N. J., in order that provision may be made for its discussion.

PEMBERTON DUDLEY, M.D.,

Secretary of the Committee and General Secretary of the A. I. H.

FIFTEENTH AND MASTER STREETS, PHILADELPHIA, PA.

BOOK REVIEWS.

BÖNNINGHAUSEN'S THERAPEUTIC POCKET BOOK, for Homœopathic Physicians, to use at the Bedside and in the Study of the *Materia Medica*. A New American Edition. By Dr. TIMOTHY FIELD ALLEN, Philadelphia: The Hahnemann Publishing House. 1891.

Every conscientious prescriber under our law knows what Bœnninghausen's Repertory has done for him in many a pinch; where but for Bœnninghausen he would either need to "wade" through the interminable symptom list of all the remedies, or else "guess at" a remedy. As the old Repertory, however, lay before us, it was very imperfect, because of the many remedies now in every day use, which were not, of course, known to Bœnninghausen. This necessitated the use of other books—notably Lippe's Repertory; but as the marking was not similar, there was a constant tendency toward confusion. Dr. Allen has added all the more prominent remedies of our day, and has in many ways improved upon the original both in forms of type used to distinguish the values, and in the general arrangement and translation of rubrics. The index at the back is brief, but usually to the point. The original preface of Bœnninghausen is given minus the statement concerning the making and value of high potencies. This, very properly, was omitted, as it is certainly not germane to the subject in hand. We have but one regret in the matter, viz., that Dr. Allen, or some one as capable of doing so, did not add or preface a chapter on "How to use this Repertory." As necessary as a Repertory is conceded to be, yet it is doubtful whether any two practitioners use a repertory in the same way; so that a few pages from the pen of the master workman, Allen, would have served to give a uniformity to the use of Bœnninghausen. The printers have made a very neat, flexible, pocket volume of this repertory, containing nearly 500 pages; paper and typography of the best. We gladly urge every homœopathic prescriber to purchase the volume and learn its use.

THE CONCORDANCE REPERTORY OF THE MORE CHARACTERISTIC SYMPTOMS OF THE MATERIA MEDICA. By WILLIAM D. GENTRY, M.D., Vol. IV. New York: A. L. Chatterton & Co., 78 Maiden Lane. 1890.

The fourth volume of the series lies before us with all its wealth of lore, containing 976 pages, and devoted to Uterus and Appendages; Menstruation and Discharges; Pregnancy and Parturition; Lactation and Mammary Glands. As has been formerly stated, the Repertory, unlike anything of the kind published, is in the form of an index or dictionary, where the principal words in a sentence are selected and all placed under one head and every remedy containing that word or its cognates is placed after it. The present volume is as complete as its predecessors and is a marvel of exactness and proofreading.

THE HOMŒOPATHIC TREATMENT OF ALCOHOLISM. By Dr. GALLAVARDIN, of Lyons, France; translated from the French by IRENÆUS D. FOULON, A.M., M.D., LL.B., Professor of Medical Jurisprudence in the Homœopathic Medical College of Missouri; Managing Editor of the *Clinical Reporter*, etc., etc. Philadelphia: Hahnemann Publishing House. 1890. 138 pp. \$1.00.

Bro. Foulon has put the profession under obligations to him by this excellent translation. True, there are many in our school who will pooh, pooh anything that dares touch upon the potency question, not caring to investigate a topic which professes to deal calmly and dispassionately with a vital question—that of the homœopathic treatment of alcoholism—simply because the treatise is devoid of grossness and materialism, and appeals to the higher philosophy of our school. Dr. Gallavardin's work is an admirable one, viewed in any light, and admitting, for the nonce, that he may not be perfect in all his ideas, he is certainly deserving of much credit for this essay on so important a subject. We in America are more alive to the evils of drink than the older countries, as we see the powerful influence brought to bear upon the traffic in intoxicants in a number of our States. It is no longer "funny" to have a drunken man on the stage; it is no longer winked at if the "gude" man goes on a "tear" occasionally, and the use of liquors for culinary purposes is almost wholly a lost art. Therefore it is fashionable to be able to cure alcoholism, and any work in that direction must be welcome. Dr. Foulon is a most capable translator, and his nice discriminations in preserving the idiomatic expressions of his author entitle him to a very large share of the success which has attended the ready sale of the work. We would recommend that every one, scoffer and believer alike, *read* the book through once; we guarantee in advance that it will interest him, and may be the means of putting him back into the ranks of homœopathy. Yes, we recommend Bro. Foulon's book.

FIVE YEARS EXPERIENCE IN THE NEW CURE OF CONSUMPTION BY ITS OWN VIRUS—Presumably on a Line with the Method of Koch. Illustrated by Fifty-four Cases, by J. COMPTON BURNETT, M.D. London: The Homœopathic Publishing Co., 12 Warwick Lane, Paternoster Row, E. C. 1890.

A charming little book, as are all of Dr. Burnett's; not only charming but really instructive, because treating of that which has been

moving the medical world from center to circumference in the last six months. Dr. Burnett, we believe, very clearly establishes his priority in the use of the now celebrated lymph in the cure of tuberculosis; using it, however, not as an injection, but after the Hahnemannian way, *per oram*, and in potency a little higher than the 3x, which seems to be that used by Koch. Dr. Burnett has used the nosode for five years, and gives graphic descriptions of fifty-four cases, which carry conviction to the heart of the average reader of their genuineness. Dr. Burnett does not state whose preparation he used or uses, whether from Swan or of his own, except incidentally in the preface, and we look forward with some interest to future literature from his pen on this topic. It is gratifying in the highest degree to have so eminent an author and practitioner as our friend Burnett lead the onslaught on the Koch claims.

HEADACHES AND THEIR CONCOMITANT SYMPTOMS, WITH A COMPLETE AND CONCISE REPERTORY-ANALYSIS. By JOHN C. KING, M.D. Second Edition. Chicago: W. A. Chatterton. 1891. New York: A. L. Chatterton & Co. Cloth, \$1.50.

An old and valuable friend; one always ready at hand when most needed. Like the monograph of Bell on Diarrhoea, it is a labor-saver in times of great pressure. It is an excellent assistant in the acquisition of *Materia Medica*, for, under its Concomitants, it gives in a half dozen or dozen lines, all the "landmarks" of the whole remedy. The Repertory-Analysis is a valuable addition, and is arranged to suit "saint or sinner," pathological or symptomological prescriber. The book is not bulky, and makes a handy pocket volume for an outside overcoat pocket. It gives the headaches and Concomitant symptoms of all the prominently used remedies of the day. A very desirable volume.

A PRACTICAL MANUAL OF GYNÆCOLOGY. By G. R. SOUTHWICK, M.D., Assistant Professor of Obstetrics in the Boston University School of Medicine, etc., etc. Second Edition. Boston: Otis Clapp & Son. 1891.

A second edition in so short a period augurs well for the book. We were pleased with the first edition, and are glad to know that our judgment was not reversed by the profession. The second edition now before us has many valuable changes and additions, and some notably fine engravings, one especially referring to the outline of the parts delineated upon a healthy body. The new cases added are very fine; and all the finer because treated along purely homœopathic lines. Dr. Southwick is a charming talker and equally facile with pen and scalpel. We are much pleased with the second edition and give it a hearty welcome.

TRANSACTIONS OF THE TWENTY-SIXTH SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA. Held at Philadelphia, September 17 to 19, 1890. Philadelphia: Sherman & Co., Printers. 1891.

Contains the usual amount of homœopathic good things for which this State society is famous. The address of welcome by Dr. Korn-

doerfer is felicitous as it is appropriate. The bureau of materia medica comes up rather minus, though the excellent paper by Dr. Chas. Mohr in much atones for the smallness of the bureau. Clinical medicine has some splendid cases recited, notably those of Bartlett, Goodno, Martin Christine, and Mohr. The other bureaus are well filled out, and many interesting, if not wholly homœopathic papers are included.

DISEASES OF THE EYE. By EDWARD NETTLESHIP. Philadelphia : Lea Brothers & Co. 1890.

The fourth edition of this work has been carefully revised, to conform to the latest developments of the speciality of which it treats. By carefully arranging, selecting, and condensing his topics, the author has been able to give an almost complete treatise on the eye within a small compass. The descriptions of objective symptoms and of operative technique are particularly clear. Among the manuals designed for teaching diseases of the eye to the student, it may certainly be classed as one of the best. The only feature that mars the work is that portion of the appendix which is quite apparently an advertisement for a certain optical firm.

GLOBULES.

—The students of the University of Berlin held a torchlight procession in honor of Professor Koch on December 21, his forty-eighth birthday.

—Dr. Jas. C. Wood, of the University of Michigan, has been notified that he was elected a member of the British Gynæcological Society, at its last meeting.

—Dr. E. A. Clark, assistant to Prof. D. A. MacLachlan, University of Michigan, has located at Ann Arbor, Mich., and is highly lauded by his professional associates and patrons.

—The competitive examination for Resident and Junior Resident Physicians of the Children's Homœopathic Hospital, of Philadelphia, will be held at the hospital on Saturday, April 4. Applications should be sent to the President of the Medical Board.

—A PROFESSOR OF "MONOTONY."—A promising little school girl of Boston recently stated that Dr. Oliver Wendell Holmes has been for many years "Professor of Monotony" in the University of Harvard. The vivacious Autocrat refuses to own to the soft impeachment.

—The *Century Magazine* has been giving its usual excellent menu of fact and fiction. The Morgan Raid paper was a fine one. The Talleyrand Memoirs promise to be deeply interesting and instructive. "Sister Dolorosa" was a charming story, but hardly the equal of the "White Cowl."

—**CHOLERA IN JAPAN.**—The epidemic of cholera which is at present raging in Japan is one of extraordinary severity. It is said to have followed an outbreak of influenza which commenced in February last, and

reached its climax in April, dying away toward the beginning of summer. As soon as the influenza disappeared, however, cholera seems to have been imported from China, and, as the *Sei-i-Kwai Medical Journal* of October 25 says, "furiously invaded with tremendous rapidity." The terrible nature of the visitation may be judged from the fact that up to October 2, 33,863 persons had been attacked, of whom 22,560 died. Owing to the vigorous efforts of the sanitary authorities the epidemic is now, according to our contemporary, "rather rapidly fading away."—*British Med. Journal*.

—The Missouri Institute of Homœopathy will shortly hold its Annual Meeting. The Obstetrical and Gynæcological Bureau are in competent hands.

HOLDEN, MO.

A. CUVIER JONES, M.D.,
Secretary.

—Any homœopath who would prescribe for "a vertigo with a tendency to fall to the right," is an ass of the first magnitude. Where is any such "rot" as that taught? The teachings of Homœopathy are explicit to prescribe *only* on a TOTALITY of the symptoms, not on one or two.

—REMOVING HAT.—The other day a couple of girls came to a physician's office to be vaccinated. One of them undertook to speak for the other and explained: "Doctor, this is my sister. She is too young to know her left arm from her right, so mamma washed both of them."—*Toronto Mail*.

—When the *Pacific Medical Journal* gets through with the articles by Dr. S. O. L. Potter, telling what he knows about homœopathy, we trust it will keep up the good work by giving to an expectant world a series of articles on "What I saw in Madagascar (where I never was), by Blind Tom."—*Foulon*.

—I wish to draw the attention of young men to the danger of being bitten by the symptom-hunting mania. When a man questions a patient and finds that he has vertigo, with tendency to fall to the right, he is apt to forget to look into his ears, where he might find a plug of wax.—*Dr. Knox Shaw*.—*Med. Era*.

—The physician who now and then overlooks, it may be, a case that should receive surgical treatment, is more desirable in a respectable community than the man who sees so little outside the speculum. . . . The ways of the specialists are peculiar. If there is a discharge, they try to stop it. If there is none, they try to produce one.—Dillingham in *Advance*.

—Dr. A. B. Norton has succeeded to the business of his late brother, Dr. Geo. S. Norton, at 152 West Thirty-fourth Street, New York, and will be assisted by Dr. Shepard. This will be no new venture, for Dr. A. B. has been intimately associated with his brother for ten years, and is, therefore, familiar with all the details as well as being in possession of all the records and prepared to follow out the same line of treatment.

—YELLOW FEVER MORTALITY.—In the yellow fever epidemic in Jacksonville, Fla., in 1888, the mortality among whites under old-school treatment was 15.2 per cent.; among negroes, 4 per cent. Average mortality

for all cases, 9.2 per cent. The mortality among homœopathic patients, of whom there were 501, was 2.6 per cent. These would compare most justly with the white mortality, as very few negroes received homœopathic treatment.—*People's Health Journal*.

—LUPUS.—Peter Eade, M.D., writes to the London *Lancet* as follows: "It seems to be of interest to record the fact, with which experience has long made me familiar, that the external remedy which has proved the most potent and effective in promoting the healing of lupoid ulcers is the common *yeast*, applied to the sore, either in its pure state or made into a poultice with enough hot, soaked linseed to make the application warm and pleasant, and this used continuously for days or weeks."

—INFLUENZA.—Dr. Laffont, of the Faculté de Médecine de Lille, says: In the presence of influenza in the stage when the patient was completely depressed, very far from ordering antipyrin, which only augments the depression, I found it much more effectual to administer tonics, such as generous wines, champagne, whisky, rum, cognac, tonics physical and moral, such as the preparations of Coca mariani, Vin and Elixir, at the same time causing revulsion, and administering repeated aperients. From this treatment I rapidly cured myself, and observed the same results in patients without that long and tedious convalescence due, as I think, to the weakness caused by the use of antipyrin.—*London Medical Press and Circular*.

—PHYSICIANS ON A STRIKE.—Many of the physicians of Dutchess County, New York, have inaugurated a strike against the Board of Supervisors. They have sent in a petition, very largely signed, in which they say that they believe \$10 to be a just and fair charge for an examination of a dead body before a coroner; \$25 a just charge for ordinary autopsical examinations, and \$10 a just charge for an ordinary examination in lunacy.

They further declare: "We do hereby agree not to perform the duties of coroner's physician or as examiner in lunacy for a less sum than stated; and we would respectfully ask your Board to fix the above charges as legitimate rates."

—Dr. C. Judson Hill, an eminent homœopathic physician, died at Utica, N. Y., Sunday, Feb. 22, aged sixty years. He was a native of Canada, and in youth was a resident of Hartford, Conn. He was graduated in his profession from the Homœopathic Medical College at Philadelphia in 1859. Soon after the war of the Rebellion broke out he was appointed assistant surgeon, and later was promoted to the rank of surgeon, and on his discharge, after three years' service, he was honored with a commission as captain by brevet. During his military career he served as surgeon in charge of the United States Hospital at Pensacola, Fla., and at Brashear City, La. After his discharge from the army he settled in general and highly successful practice at Utica. He was a member of the Oneida County Homœopathic Medical Society and served a time as its president. He was a member also of the State Homœopathic Medical Society and was a frequent contributor of valuable papers to the published transactions of the society.

OH-DONT-LOGY.

DON'T fail to tie that diploma with a blue ribbon.

DON'T forget to tell your students the virtues of Sac. lac.

DON'T pile too many books on your own head for fear it will press out all room for your ideas.

DON'T profess to be editor of a college journal if the original surgery man furnishes all the ideas.

DON'T fail to attend the Insti-International at Atlantic City, in June. From all outlooks it will be a fine outing.

DON'T be too ready to throw Hahnemann overboard ; give Koch a few months more and Hahnemann will again be in fashion.

DON'T fail to heed the circular of General Secretary Dudley anent the materia medica and therapeutic display at the International.

DON'T write and read a paper to a homœopathic society, fill it chock-full of quinine to cure chills, and then claim you are not an allopath.

DON'T drop the word "Homœopathic" out of a college title on the plea that the students will stand a better show of recognition abroad.

DON'T imagine that scrubbing your teeth will take away the tobacco fumes. Remember that, like alcohol, after a while you exude the poison through your skin.

DON'T quote Carroll Dunham's one "liberal" speech, and forget his hundreds of homœopathic speeches ; his faithfully pure homœopathic life ; and his famous zooth potency.

DON'T uncover at a funeral (in the cemetery) ; and by and by let us refuse to uncover in a hot theater or church. There is no more sense or reverence in a man removing his hat than there is in a woman laying aside her bonnet.

DON'T forget that a Prince-Albert is *in riggle* for graduation ; while the claw-hammer prevails at the Institute banquets. If you cannot borrow the latter from your waiter you can rent it for \$3 a night of any masquerade and costume outfitter.

DON'T be too sorry that Washington had no heirs beyond the legion or two of body servants, for they might not have inherited the no-lie-and-cherry-tree trait. For have we not the two sons of our homœopathic Elijah practicing as allopathic physicians.

DON'T be a professor of gynæcology in another city and then fail to keep your appointments. Pretty soon the students and their preceptors will suspect that it was the professorial bee in your bonnet that moved you and not the good of the college.

DON'T move about the sick room with a bottle of smelling salts or a handkerchief saturated with cologne to your nose. Your patient will lose not only confidence in you but all respect for you. Train your face and your nose to be expressionless and nerveless.

REPERTORY OF THE LUNG SYMPTOMS FOUND IN HERING'S
. CONDENSED MATERIA MEDICA.

By EDWARD R. SNADER, M.D.,

Lecturer on Physical Diagnosis at Hahnemann Medical College, Philadelphia, Pa.

(Continued from page 80.)

- ANTIMONIUM CRUD.—Oppression and pressive pains in the chest, more right. Burning and sticking in the chest.
- ATIMONIUM TART.—So warm about the heart that she must let the arms sink down, with general weakness. Full feeling of the chest. Constriction of chest.
- APIS MEL.—Sensation of soreness, as if bruised or beaten. Dull aching pain in left side of chest, near the middle of sternum, with sensation of fullness in the chest and short breath.
- ARNICA MONT.—Burning and rawness in the chest.
- ARSENICUM ALB.—Tightness of chest, as if bound by a hoop. Constriction of chest, with great anxiety and restlessness, evenings; when going up hill. Chilliness in the chest, evenings. Burning in the chest.
- ARUM TRIPH.—Lungs feel sore.
- ASAÆTIDA.—Pressure and burning under sternum, often with cough. Compression of chest, as from a heavy weight. Burning in chest, runs through both arms, and through lower limbs down into toes.
- ASARUM EUROP.—Sharp pressure in the region of the last ribs.
- BAPTISIA TINC.—Tightness of the chest; constriction.
- BARYTA CARB.—Sensation of soreness in the chest when coughing.
- BELLADONNA.—Pressive pain in the chest, with shortness of breath, and at the same time between the shoulders, when walking or sitting. Pressure in the right chest, causes anxiety. Constriction across chest, as if pressed inwards from both sides. Burning in right chest.
- BERBERIS.—Stitches in and around clavicle, also pulsation and burning. Pressure behind the left nipple. Rawness and soreness on the chest, like during a catarrh.
- BISTHMINTHUM.—Boring and burning in the chest; backache.
- BORAX VEN.—Tightness in the chest.
- BROMIUM.—Sensation of weakness and exhaustion in the chest. Pressure in upper part of chest.
- BRYONIA ALB.—Constriction of chest; feel the need of breathing deeply; when attempting to breathe deeply, pain in the chest. Sensation of heaviness beneath sternum, extending toward the right shoulder, impeding respiration; deep inspiration was difficult.
- CACTUS GRAND.—Feeling of constriction in the chest, impeding speech. Congestion to the chest, which prevents lying down; palpitation; constriction of the chest.
- CALCAREA OST.—Oppression of chest, as if too full.
- CALCAREA PHOS.—Contraction of chest and difficult breathing, evening till 10 P.M.; better lying down, worse when getting up.

- CAMPHORA.**—Sensation of coldness, extends from the pit of stomach over the whole sternum.
- CANTHARIS.**—Burning in the chest.
- CAPSICUM.**—Pain in the chest and back ; heat. Drawing in [one or both sides of the chest, up to the neck.
- CARBO ANIMALIS.**—Sensation of coldness in chest. Burning in right-side of chest. Sharp, burning stitches in chest.
- CARBO VEGETABILIS.**—Burning in chest, as from glowing coals ; rawness and soreness. Weak, fatigued feeling of chest. Burning under sternum ; rattling of large bubbles ; dyspnoea in bed ; cold knees in bed.
- CAUSTICUM.**—Tightness of the chest, must frequently take a deep breath.
- CHAMOMILLA.**—Constriction in the upper part of chest.
- CHELIDONIUM.**—Oppression of the chest ; the clothing seemed too light. Spasmodic pressure behind middle of sternum, awoke him at night ; extended into the bronchi, with sensation of constriction in them.
- CICUTA VIR.**—Great heat in the chest. Cold sensation in chest.
- CINA.**—Burning stitches in the chest.
- CINCHONA.**—Pressure in chest, as from violent rush of blood ; violent palpitation ; bloody sputum ; sudden prostration.
- CISTUS CAN.**—Feeling of rawness from chest to throat. Fullness in the chest.
- CLEMATIS ERECTA.**—Oppression of the chest. Stitching pains in the chest.
- COCCULUS IND.**—Contractive tension of right side of chest, taking the breath.
- COLCHICUM AUT.**—Stinging in the region of the heart, with oppression.
- CROCUS SAT.**—Heaviness of chest, must frequently take a deep breath.
- CROTON TIG.**—Feeling of fullness on both sides of the chest, with burning stitches in left side of sternum and toward both scapulo.
- CYCLAMEN EUROP.**—Pressure in middle of sternum.
- DIGITALIS.**—Great weakness in the chest, can't bear to talk.
- DROSERA ROT.**—Constriction of chest and hypochondria. Burning sensation in center of chest.
- DULCAMARA.**—Pain in left chest, as if lung moved in waves.
- EUPATORIUM PER.**—Pain and soreness behind the sternum ; heart feels as if in too small a place. Oppression in middle of sternum ; feels as if something was pressing against his heart.
- FERRUM MET.**—Feeling of dryness in the chest. Slight heaviness in upper part of left lung, making breathing rather difficult. Sticking and bruised sensation in the chest. Constricting spasm of chest.
- GAMBOGIA.**—Pressure in the middle of the chest. Pain in the chest, as if it were all raw.
- GLONOCRUM.**—Chest feels as if laced. Sinking feeling in head and chest, as from working in a hot room. Numb sensation moving upward in chest and down left arm.
- GRAPHITES.**—Cramps of the chest.
- HAMAMELIS VIRG.**—Sensation of constriction across chest, increased by a long or deep breath.

THE
AMERICAN HOMŒOPATHIST.

VOL. XVII.

NEW YORK, APRIL 1, 1891.

No. 4.

FRANK KRAFT, M.D., Editor.

"IN twenty years from now you will not find a physician in this city who will acknowledge homœopathy." Thus spoke a gentleman in one of our foremost Western cities, a man who has enjoyed a lucrative practice earned and given him because of his supposed homœopathic practice. A number of this same doctor's students, although graduated from a recognized homœopathic college, are this day either avowed infidels in matters of homœopathy, or so lukewarm in their adherence to the law, that it would be a matter of considerable labor to find a case treated wholly on the law of similars. What has produced this pitiful condition of indifferentism in our ranks, this diverting of young men from the right line laid down in the books of our practice? What cause was operative with this practitioner to swerve him from his one-time homœopathy, and cause his students to become inoculated with the same spirit of infidelity? How could it have been possible for a student to be graduated from a homœopathic college, and yet prove recreant to the trust reposed in him by his *alma mater*? The answer is near at hand: it was improper teaching at the start: *ignorance*, in short.

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IT has become so trite from much iteration that it is weariness embodied to assert that the proper understanding of an art is predicated on a knowledge of the fundamental principles entering into its composition; that to understand the intricacies and perplexities of the higher mathematics, one must be thoroughly drilled in the principles which underlie the beginning of numbers; that to appreciate the combinations of colors one must have a thorough knowledge of the value of light and shade as well as the relative importance of the prime colors; that to become a skilled artisan one must have a clear grasp of the laws which govern the simplest form of power as well as those which obtain with the greatest. And yet, in medicine, the noblest of all sub-lunary arts or professions, based, as with us, upon a law as immutable as nature herself, we are for the most part lamentably ignorant of the fundamental principles. The answer to the several queries is, therefore, *ignorance*.

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ONLY a few weeks since the writer was appealed to by a graduate of a prominent college of homœopathy to assist him in dislodging a rheumatism, which had proved intractable even with Rhus administered in varying potencies and doses. Being asked for the symptoms

controlling the case, and upon which presumably this homœopath had prescribed Rhus, the answer given, with a slight show of irritation, was that the woman had had inflammatory rheumatism for thus and so many days; and this was all the symptom which this homœopath had to give; it was rheumatism, and Rhus, he had been taught, this homœopathic graduate, was good for rheumatism, though sometimes Bryonia might be thought of, or even in very bad cases Arnica. There was as much homœopathy to that prescription as there would be a presumed knowledge of anatomy on an ability to distinguish an arm from a leg. In another case following a skillful amputation of the foot, both the operating surgeon and the attending physician—homœopathic by the grace of their diplomas—prescribed Aconite and Arnica in alternation. Asked afterward why, answered that Aconite controlled the surgical fever, and arnica would remove much of the soreness usually supervening upon amputations after eight or ten hours.

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AN old practitioner, in another instance, was called to a difficult primiparous childbed. Answering counsel, said: "I know you don't believe in Ergot in these cases, but I used Pulsatilla and Caulophyllum, and some Cimici-few-gaw, and they produced no more effect than if I had used so much spring water; so I gave her a good 'stiff' dose of Ergot, *which I always carry*, and it was perfectly delightful to notice the pains coming on, and the rapidity with which the child was extruded into the world." The trouble now was, however, an hour-glass contraction, resulting in a slow getting-up, with continued ill-health since. Will the professional reader say that the quoted instances are extreme? Do we not meet them in every-day practice? Is it not this kind of practice which makes it possible for a few renegades of the sol potter stripe to burlesque our law and ridicule its followers? It is talk of this kind, based on ignorance, which puts into the mouth of an old practitioner the twenty-year prophecy. It is ignorance of the crassest kind which has caused these men to practice in this fashion in the belief of being homœopaths, and then when their witch's broth failed of effect, as it naturally would, have gone on the house-tops and proclaimed that there is nothing in homœopathy; they had tried it and it was a failure. It was original ignorance, never afterward dispelled, which caused the first speaker to drift away from the landmarks of truth which a careless preceptor or an incompetent college pointed out to him; and the result proved that his students partook of the same atheism. It is ignorance of the most culpable kind which dominates a homœopathic college that will graduate a man, and inside of five years find him an avowed allopath, or a forswearing Peter.

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THE amount of ignorance at large among professing homœopaths is painfully great. Not in matters of surgery, or gynæcology, or ophthalmology, or any of the other learned things taught in the schools, but in the simple, much derided knowledge of Healing the Sick—*materia medica* and therapeutics. When students say that they go to a certain college, not so much because it is or is not homœopathic, but because it has one of the finest surgeons or gynæcologists of the State

or country in it, then it is not difficult to divine that homœopathy, notwithstanding the handbills and personal professions, has been a stranger within its walls. Often of late has been heard the remark from students : "We don't care a rap for the law of similars, nor whether our college is recognized by the American Institute or not ; all we want is a legal right to practice medicine." And the cure for this deplorable ignorance? Very simple ; indeed, so simple that few will seek to avail themselves of it. It is as simple as religion without theology ; as simple as melody without instrumentation. BEGIN AT THE BEGINNING. Endeavor to understand what homœopathy really is. Try it as its founder tried it, and ask his followers to try it. Don't assume on somebody else's say-so that homœopathy is nothing but symptom-covering ; that it is nothing but dilute allopathy ; that it is nothing but high or low potency ; that it is nothing but a rule of practice which you need to know in an emergency, or to be used when a "cranky" mother or nurse insists on having pleasant medication for the child. Understand the Law of Homœopathy ; follow it faithfully for a few weeks or months, and you will never again long for the flesh-pots of Egypt. You will also cease being of that immaculate coterie who have cast out the homœopathic cornerstone from their edifice in order to catch a few unwary eclectics or allopaths ; and you will also no longer ask to have the word "Homœopathic" taken out of your *alma mater's* title so that foreign universities will admit you or your student to their clinics or hospitals, because primarily you will be prouder of your mother's name than your step-mother's.

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SUPPOSE we admit for the moment that Hahnemann's theory of disease, as ridiculed by the New York Cicero, was inaccurate, gauged by the bacillimania of to-day ; what shall we do with the imperishable facts that Hahnemann in his "dotage," when he used potentized remedies, was as successful in the healing of the sick as he had ever been during his earlier life with the crude drug? What shall we do with the equally unimpegnable fact that the early followers of Hahnemann were as successful as Hahnemann? Can we close our eyes to the truth that, notwithstanding their ignorance of Bergeon, Ringer, Potter, Brown-Sequard, Koch, and their learned and scientific methods, these early homœopaths, who were not ashamed to put "homœopathist" on their signs, healed the sick in a manner which appealed to the masses almost as a miracle? Are we safe in denying by implication, if not by open speech, that homœopathy received its first recognition and secured its first foothold when there was nothing known of it except as a Healing Art ; before it was made a learned and titled science, with profound scholars teaching surgery, gynæcology, ophthalmology, pædology, obstetrics, orificial surgery, pathology, everything, in fact, except homœopathy applied in its rigid and primitive purity? And if Healing the Sick is not the first duty of the physician, pray what is it?

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THUS also was it with the Great Physician. His apostles and immediate followers were in many instances untutored, poor, and illy-equipped to meet the scientific sneers of that day, yet because they bore the torch of everlasting truth they were successful in planting it

wherever they went and in lighting up the gloom of unbelief ; little by little, however, as the pioneer and martyr period passed away, and it became safe and fashionable to be a Christian, theologians usurped the places of the simple teachers of religion, so that at this day the bright white light of Christian truth struggles painfully through stained-glass windows, and is enshrined in an odor of sanctity that would embarrass the early Christians ; while the beautiful sweet story of love is split up into numerous warring sects and clans. So it seems destined, almost, with homœopathy. It was born in great suffering ; it was nurtured in poverty most abject ; it grew and waxed strong from attempted repression ; and because it was the embodiment of Truth, it lived despite the correctness or incorrectness of Hahnemann's theories of disease, and despite the insignificance of the bearers. Its power has been so great as to change radically the landmarks of the dominant school of medicine.

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YEA, these early workmen in the vineyard must have made miraculous cures, else they could not have prospered as they did ; else we could not have become the powerful school of to-day ; and yet they were not scientific ; knew nothing of microbe or bacilli, or alternation of remedies. The seed they had planted grew to be a giant tree when the scientific wave struck us. So long as we were oppressed we stuck together and to the law ; but so soon as ease and security came we began to "improve" the law. The giant tree had been good enough to shelter us from the inclemencies of the weather, but it needed pruning, it was rough and uncouth looking ; so we lopped off a branch here and a limb yonder ; planed down a knot and puttied up a hole there ; we made so many changes—"improvements"—in the old tree that our forefathers would not have recognized it. This was science. We must take away the opprobrium that homœopathy means nothing but just healing the sick—any old woman with a bunch of herbs can do that ; we must have surgery, and gynæcology, and the othersome many learned things ; we must write composite prescriptions, and be ashamed of our medical mother ; and from much dwelling upon these fashionable and learned things, we have become so profoundly indifferent to homœopathy that we deem it no discredit to ourselves or our college to get up at a Homœopathic College Commencement banquet and say, in response to a toast, that "the followers of Hahnemann are physicians *first*, and homœopathists *afterward*." This is called being liberal.

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FROM all that has preceded it might fairly be inferred that homœopathy is in a bad way. But not so. The twenty-year prophet has been reading nothing but eclectic literature, and the pseudo-homœopaths have been lying near the pool of Bethesda waiting for the angel of homœopathy to trouble its waters ; the students so indifferent to their heritage had been bought with cakes and ale to cast their lot with a liberal college, and spake thus after the fashion of the very young, moved only by an overweening desire to "get through." Thanks to the ever-recurring fashions, the cycle of atheism in homœopathy is rapidly giving way to the old fashion of homœopathy ; it is coming in again, with wide-legged trousers, and antique oak. Already the medical

east is tinted with the rising sun of the new but really the old and only homœopathy; and soon it will cease to be deemed good form to deny your medical parentage, and long for recognition by the allopaths.

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THE Organon of Homœopathy is to-day found in every homœopathic college in the land. True, in some few cases it is still being apologized for and painfully emasculated by the old liberals, *not* eclectics, who should long since have been made emeritus; but in the majority of schools the Organon is taught honestly. Thanks to the renaissance, instituted by the American Institute of Homœopathy, it is no longer safe to sneer at potency, or Hahnemann's theory of disease; the doubting Thomases are apt to be met with arguments the existence whereof they never before suspected. Verily, out of the mouths of students and recent graduates shall they be confuted. Let us have done with this half-hearted talk about potency and alternation; the belief or disbelief in infinitesimals. Homœopathy as a law has nothing to do with these, no more so than the law of gravitation has to do with the color or size of the objects which gravitate to the earth. They are minor essentials. The law is divine. The potencies and infinitesimals are human. Learn the law and the potencies will take care of themselves. If you are a homœopathist you must understand the law. If you do not, you are not a homœopathist.

THE OPEN COURT.

—*The Homœopathic Envoy* for December, which has not yet reached our table, is the equal of its predecessors, which also have not reached us this writing. Every other homœopathic journal is willing to exchange ideas with us; so far, however, the *Envoy* has not favored us. The now defunct *Journal of Homœopathics* adopted the solar-walk-and-upper-air policy for sustenance, and it very properly has "gone up" to that region.

—We occasionally meet febrile cases where the temperature varies greatly at different hours of the day. I have recently had such a case. The fever was of typhoidal nature, and the temperature during the twenty-four hours of each day varied considerably. We know how characteristic of Pulsatilla are its varying and uncertain mental states, its erratic pains, etc. My patient was a young lady, and for some menstrual difficulty I gave her Pulsatilla. In twenty-four hours her temperature had settled to a steady and uniform range, and her other symptoms improved markedly. I do not know that the attention of the profession has ever been called to this indication for Pulsatilla, viz. "erratic or varying temperature," before. I would like to ask physicians to notice whether their future experience will corroborate the above observation or suggestion of mine.—*Hahnemannian Monthly*.

—**PRESCRIBING WITHOUT A DIAGNOSIS.**—The second danger is, that the likeness presented by the symptoms of a disease may be false, and a similar to this false likeness will fail; it will prove to be false; therefore it is hazardous to prescribe without a diagnosis. To illustrate my meaning I will cite a case. A physician is called to a case of gall-stone. He attends, but he is not yet aware that the patient has gall-stones. No amount of prescribing according to similars will alleviate the suffering or cure a case of this kind; and it is hazardous to prescribe without a diagnosis. The symptoms attending gall-stone colic are a false guide to a specific remedy. There can be no specific in similars in mechanical cases.

The foregoing is from a paper read before the New York State Homœopathic Society by an essayist who attempted at a previous meeting to oust the psoric theory from the requirements of belief. Under a specious title the same matter was reproduced recently, but, taught by a former experience, no effort was made to resolve it out of existence. The quotation given, presumably as strong an instance as the learned bacillimaniac was capable of constructing, shows the inherent weakness of the whole argument. Suppose we use a parallel case to establish our meaning clearer. "A physician is called to a case of fracture of the lower third of the tibia. He attends, but is not yet aware that the patient has a fractured tibia. No amount of prescribing according to similars will alleviate the suffering or cure a case of this kind; and it is hazardous to prescribe without a diagnosis. The symptoms attending a fractured tibia are a false guide to a specific remedy. There can be no specific in similars in mechanical cases."

Well, who ever was asinine enough to claim that there could be any specific in similars for a "mechanical" case? Read the Organon again a little more carefully, and then cite to us page and line of the Fifth American, or any other edition which teaches any such rot as that. Take that narrow brain out of its eclectic rut for a few moments and try to understand what Hahnemann means by *Totality of Symptoms*. It is the absurdity of absurdities to intimate that Hahnemann could not diagnose a gall-stone colic, or that he would recommend a specific in similars for a mechanical case? He everywhere, in his Organon, excepts surgery. So much for that bugbear. What shall we say to that doctor in the West who recently reported a cure of a case of gall-stone colic (in the *Clinical Reporter*) with Calcarea carb. the 30th? Oh, he is an enthusiast, and doesn't know gall-stone colic when he has it to treat. That is the easiest way out of the dilemma.

—**BEDSIDE PRESCRIBING.**—"He went to one of these high-potency schools and came back tintured with moonshine, reading at the bedside, and taking twenty minutes to get the symptoms." This was given as a reason for the lack of success which met the young man at the start. Part of this argument is good, the rest false. A young man who reads at

the bedside will lose the confidence of his patient. There is no doubt of that. And a young man who takes twenty minutes to examine his case may lose the family. That seems also true. But unless some malicious brother physician "puts in his oar and advises the family of the *moonshine*, causing mistrust, the high-potency will prove just as effective as the crude. There is such a thing as being damned with faint praise, you know. A skillful prescriber was cautioned by one of these kind-hearted brethren not to think of trying high-potencies in a certain locality, because the people wouldn't stand it. How that locality happened to be prejudiced against high-potencies he failed to say. But after a little struggle the high-potencies carried the day, and the physician aforementioned was glad to call in the aid of the high when his own crudes were inoperative ; in fact, he sent to the moonshine man for a set of grafts, believing that it was simply a question of potency. It took the better part of a number of talks to convince him that potency had very little to do with it ; that it lay wholly in the way of taking the case. He admitted that he had never seen the *Organon*, and supposed it to be some profound lecture of a metaphysical kind ; and, as it had not been made a requisite of his college, he didn't bother with it. In short, he knew nothing of homœopathy, and therefore, like all the others, had much to say about Koch, bacilli, microbes, asepsis, the high potencies and the other fashionable agnosticism. —*Kraft*.

SOME VIEWS OF MEDICAL ETHICS.*

By E. R. EGGLESTON, M.D.

THE subject selected for me by the Executive Committee, "The Ethics of Professional Medicine," was a happy choice, except in view of my probable or actual inability to do it justice ; and if they expected justice to such a subject through such means, they deserve my highest consideration for their generous faith.

The position occupied by this association in regard to medical ethics is altogether unique and full of responsibility. There is a line of justice,—or are lines of adaptability and justice, which involve the private and public relations of students, teachers, colleges, and societies,—relations to society, to the profession, and to culture, both medical and social, which may be said to have their origin within the limits of this membership. Again, by just so far as any scientific organization reaches up through the lesser and greater ones to the highest, by just so much has it removed itself beyond the more modest and unaspiring

* President's address to the Alumni Association of the Cleveland Homœopathic Hospital College, March 24, 1891.

work-a-day world, to there deal with the great things to which its greater strength is better suited ; but it never shuffles off the coil which binds it to its humbler beginnings.

The point occupied by this association at this moment is the Rome at which all roads meet. Society has pushed forward its representatives, its plastic, unformed material ; college methods have vitalized and molded it into a prescribed, acceptable form, and passed it over into its first professional association, in preparation for an entry into active professional usefulness, and with the possibility that it may rise to the higher and highest, where, even, a road always leads backward to this place of beginning. Social life and professional life strike hands in this place ; each takes its risks, each demands its percentages, each assumes untried responsibilities.

Who, that stands here for the first time, is not profoundly impressed with the responsibility of it ? Who, that stands here year after year, is not more profoundly impressed with the responsibility of it.

Passing by what may further be due from the unprofessional world,—and it is much,—and what is further due from the professional world,—still more,—let us inquire into the relations of the novitiate—the ethics of his life.

Under customary restrictions, medical ethics defines the rights of medical men ; but the rights of medical men are the rights of all men, being, in this case, specialized, to meet special conditions. But right is right, whether generalized or specialized ; whether applied to the behavior of priest, lawyer, or doctor, each of whom has his code. It should be supererogatory to make constitutional provision that one should be a gentleman ; that his motives and practice should be pure ; that his every appetite and emotion and desire should be subordinated to the influential position which he occupies ; that his standing among brother practitioners should be that of *colleague* and not *antagonist* ; that he should not tattle, nor oppress, nor deceive ; but since the code exists, there must have arisen, somehow, a necessity for it. Since then, it exists, of course observe it. But beyond or above all this, as already foreseen, his relations are divided between—touch at all points, rather—the unorganized and irresponsible community, and the organized and responsible profession. To his patron he stands the visible representative of the world's knowledge of specialized science ; to the profession he stands, potentially or impotentially, its vital element, whose word or act shall elevate or degrade its law, philosophy, and practice. No one, it may be presumed, will at this moment resolve to remain impotential or inactive : why, then, should one allow himself to become so ?

How to become possessed of the negative qualities which go to make up nothingness, or, having them, how to insure the surest results, need not engage our attention ; but how to neutralize them by substitution of

the higher qualities, or, happily, not having them, how to worthily use the nobler attributes, is worthy of the best thought that can be bestowed upon it. No member of either of the learned professions may exert a wider, or better or worse influence upon the social world than the physician ; in morals or culture, no one more potent. No other stands in the same relation to both practical affairs and to those of the higher or highest orders, intellectual and moral. The touch of the bad man leaves behind it ineradicable black spots ; the touch of the good man as surely leaves traces of brightness ; while the good and scholarly elevates not only individuals, but whole regions, by his subtle power. This is so true that it is almost axiomatic : given, a community ; its moral and intellectual status is the measure of its chief medical adviser, good, bad, or indifferent, all the same ; the process being of elevation, or evolution, or of degradation, or devolution, the fact remains—environment measures the man. As, in another instance, a man's books measure him, so, here, a man's associations reflect himself.

The negative side of the subject is so stated because it makes more emphatic, by comparison, the positive side, which is imposed as an ethical duty. Foremost stands moral culture, because upon such a substratum rests the whole fabric of personal influence, both social and professional. No immoral physician receives, nor does he deserve the confidence of his associates, and least of all those intimate confidences which, in the nature of things, grow up between physician and patient ; for to the medical adviser, far oftener than to the spiritual adviser, such confidences are given.

Next in importance is medical culture. Its work-a-day aspects are not included, for they belong to the force of circumstances. Is such work done progressively and systematically ? is it done enthusiastically ? is it done drudgingly ? The professional drudge drones, but never grows ; the mere enthusiast rides a hobby ; but systematic work, coupled with the spirit of the enthusiastic scientist, marks the "rising man"—a term of society's own choosing. Who, then, will stand ? where ? It is a matter of free choice, but that unfailing law of nature relating to the "survival of the fittest," will bring to pass the like results from like causes. If a drone, you die—and deserve it ; if a hobbyist, you gain sneers—and deserve it ; if a student, you win—and deserve it.

Regarding general culture, literary or scientific, if it be accepted that a given public is just as susceptible to such elevation as it is to gain in various arts and accomplishments, then medical men owe it to themselves, as integral parts of such social orders, to foster such latent possibilities.

But, however exacting and important these matters which look toward the community are, they are by no means the most exacting and

important. The side of the physician's life which presents toward the profession individually and collectively, and to medical science, urges consideration continually. As between individuals, mere "professional etiquette" is a trifle between manly men ; each instinctively yields due consideration to his peer ; but in one's attitude toward medical organizations, and of these toward him, ethics assumes a wider meaning.

"The profession" is a multiple. Its factors consist of individuals, societies, colleges and *self*. The written code of ethics applies only to individuals, which, as before remarked, is useless to a manly man. The societies, local, State, and national, deal by arbitrary rule only, and not by a system of relations, with its members, and those only. The position of the colleges is altogether unique. While they should stand at the head of the profession in all things educational ; while professorial honors should be held by the most worthy to lead, and those only ; while they should be able to direct the course of medical affairs within their jurisdiction ; and while they should be honored without stint in such functions, it is quite within our observation and knowledge that the colleges fall far short of such an estimate, either in standards or standing, or in elements of leadership.

But let us consider these factors with something more of detail. The medical society is a voluntary association—for what ? For the advancement of medical science. No man, by virtue of place or power or influence, may use it for personal ends ; nor may its purposes be diverted to further the interests of schism or sect. This fact is emphasized because it is wished to impress upon the minds of the inexperienced that they may enter upon such associations upon subscription to its cardinal principle ; free to work for the advancement of medical science, upon its main or collateral issues ; free to discover or originate, and to claim all original rights and privileges ; free to discuss, criticise, or to amend any original or compiled work, from whatever source and by whomsoever made ; free to earn the highest honors within the power of the association to bestow. Dr. A. will say to you : "I never get any good from the societies." Did he ever do anything for the society ? Not he. Dr. B. says : "I never hear anything but what I already know." Has the doctor ever drawn upon his own profundity to lift his fellows above their commonplaces ? Not he. The fact is that the member gets what he goes for, and deserves what he gets. I venture to say that, according to my observation, if the practitioner is to be preserved upon the line of living medical principles, it is done through his membership with medical societies ; if he gains in standing and reputation among his fellows, it is through medical societies. Shall one dare to say that he owes nothing to science ? Then what does science owe to him, pray ? There may be a few professional saints who bask in the light of the upper glories, to whom the potentiality of all knowledge came with

the mother's milk, but they are not numbered among the plodders in this place—it is to be hoped not ; they could gain nothing here. Every man does owe it to himself, to his co-worker, and to the profession, to make use of all the recognized means for medical progress.

Bearing in mind what was said a moment ago about the colleges, some especial considerations are found to attach to them. To the young man or woman aspiring to professional honors and emoluments, the college lies above and beyond, a repository of learning and authority, whose act and voice may approve or disapprove an entry into the charmed circle. Admission gained, we stand to-day on a level with our *alma mater*, without fear of favor or disfavor. What next ? The college has kept its faith, and to the best of its ability has equipped us for the work. Is that all ? It is not all. It still stands our unfailing reference, or inheritance ; must bear the disgrace of failure, as well as the honor of our success. While, then, its relations of responsibility for our careers must be retained, may we deny a counter-responsibility, that which shall preserve to the college its power, and ability, and influence ? Men of affairs, those who touch the world at the points of its greatest contentions, become schooled in the motives of men and masses of men. The demands upon professional life become an element of such contentions, and individual physicians receive impressions of means and methods and modifications of practice, which, from single-voiced criticisms, become, combined, the voice of professional opinion. Here, then, is the point at which relation between *alma mater* and *alumni* is always maintained, or should be ; the point at which every man and every combination of men, and the colleges, touch each other. But true as this is in general terms, the college should still stand for wise conservatism. For example : It is remembered that a few years ago a wave of sentimentalism, calling for professional unity through abandonment of distinctive titles, swept over the country. The idea was captivating, and may have prevailed but for the safer conservatism of the colleges, under whose leadership reaction set in, and to-day the homœopathic school of medicine, distinctively so, stands stronger than ever before, while the retreating wave of indistinctive, or indistinguishable homœopathy is marked only by tiny ripples, soon never to be seen or heard of more. Be loyal, then, to your college. See to it, upon your own personal knowledge, that it is trustworthy, and then trust it. Be sure that it deserves your support, and then support it. Remembering, always, that whatever honors your *alma mater*, honors you ; and that whatever dishonors her, dishonors you.

To refer now to the last-named factor of the multiple called "The Profession," *self*. The best men in the ranks of any specialized science to-day are selfish ; are proud ; are ambitious. They are selfish in grasping knowledge and appropriating it to the elevation of their own

manhood ; are proud to be found among humble learners, and of their opportunities for the betterment of the condition of the race ; are ambitious to rise yet higher in the intellectual scale, where keener perceptions of the needs of the human body and soul shall open yet wider opportunities for the elevation of mankind. Do not forget this : no man ever rose to such heights that another, or others, might not follow, or run along parallel lines. There could be but one Hahnemann, but there may be scores of his equals. There was but one Newton ; but there have arisen hundreds of his equals, if not superiors. If Hahnemann had not caught the fitting shadow of the law and crystallized it into a universal working formula, another or others would have succeeded ; for the idea was brooding in the medical mind and would not down. If Newton yet remained in the womb of time, the law of gravitation would still have a habitation and a name. Which of us shall distinguish himself as these men have done ? Who will gain the profound learning which made such things possible to these men.

How to prepare one's self for such or any high results is the question. Mere book learning, literary or scientific gormandizing, will fail of the object ; nor with however much learning are such depths bridged by leaps ; nor, indeed, may all or any large number reach any height unaided. Why ? A share does not deserve it ; another share deserves, but their substructure of superficialism or mental quality will not sustain an imposing height ; another smaller share will win by virtue of beginning among the deep, the deeper, the deepest of nature's mysteries, and building, thought upon thought, finally reach the high, the higher, the highest levels of intellectual achievement. The law of similia was neither discovery or inspiration, but a logical conclusion from a series of deductive propositions. It is lamentable, but true, that the greater number of us are so constituted by hereditary transmission or later acquirement, that we must remain content with a simple excellence.

It is observed how naturally classification adapts itself to the consideration of units, and that it is based upon some characteristic or qualification of the unit. Whatever other may lend itself to prove the value of the total, individuality, undoubtedly, in the case of the physician, is that which will determine his class value and so measure his professional value. Individualism may be hereditarily possible, but if the lives of such as Harvey, Hahnemann, Newton, Faraday, and Darwin are noted, it is seen to have been acquired, often against the heaviest odds, but by all through patient, persistent work. Individualism is the evolution of an intellectual possibility, a growth by intellectual accretion. Add countless units, as such, to an already countless mass, and nothing appears to characterize one above another ; but add one of concentrated thought, tenacity of purpose—

with a purpose, self-reliance and bravery and an individuality appears ; one who shall shape and direct the thought of the multitude around him. This is not *genius*. Genius is an erratic, governed by no known law of responsibility ; but it is *Individualism*, an acquirement held to the most rigid accountability.

What is the difference between a living voice and an echo ? Just the difference between fruitful individualism and barren imitation. True, the science of medicine is largely an accumulation of the best thoughts of the fathers and masters, and all, to an extent, are followers or imitators ; but it is also true that no idea of any master ever appeals to other thinking men with the same force, in the same relation, or without qualification ; nor is it beyond possibility, nay, probability, that old ideas may assume such new relations as to evolve newer and better ones. What is the difference between the living voice and the echo ? Just the difference between individualism personified,—sagacious, thoughtful, critical,—and the graven image, with never-changing lineament or line. We are brought, then, to three conclusions : Firstly, “ that every man, whatever his station in life, is endowed with the personal equation of thought ; secondly, that he can either simply store the raw materials of facts and ideas as they are presented to him by others, or he can digest and reproduce them stamped with the seal of his own individuality ; thirdly, that it rests with ourselves either to be mere echoes of knowledge, or else ‘ living voices,’ recording our own gleanings of truth for the help of the coming generations.”

What would I have you do ? Three things. First, *study*. Study nature ; nature only is truthful. Apply the terms of natural law to the terms of medical law ; if they run on parallel lines, you are right—everlastingly right ; if they diverge or antagonize, you are everlastingly wrong. Second, *reflect*. Set up actual or hypothetical premises, conduct both affirmative and negative argument, and judge upon preponderance of testimony. Third, be *critical*. Never accept the dictum of any living man because it comes to you with the voice of authority. Prove all things by your standards of study, reflection, and judgment, for you will be held to a strict accountability for the faith that is in you, when your “ authority ” is forgotten. It is easy to accept the dogmatic, which is too often the cloak for ignorance, and hard to bend the often flagging energies to the concentration necessary to work out the lessons of our own applied principles ; but by how much greater is the pride of victory in the one, than in the meager advantage of the other. Prof. Stewart, in his “ Moral Philosophy,” writes down “ *reverence for great names* as one of the hindrances to the spread of real knowledge.” Dr. Handfield Jones comments as follows : “ I wish he had written ‘ to the *acquirement* of real knowledge,’ for I am firmly persuaded that no student has reached the first stage of progress until he

has subordinated reverence for great names to a profound respect for his own individual opinions. Pray do not misunderstand me ; I am not advocating disrespect for our teachers, but I would rather a student formed an erroneous diagnosis and stuck to it, provided always he could give me his reasons for having formed such a judgment, than that he should accept my dictum as a teacher without challenging me for the grounds on which I ventured to differ from him. A man has made a tremendous stride when he has learned to have the courage of his own convictions."

Such are the views, imperfectly put as they are, that I would have you take of medical ethics. Not that it is a barrier built about a school or association or an individual to preserve prestige or practice or privilege ; and that only, for which it doubtless serves good purposes ; not that it is a line of professional behavior, and that only, for which it might, perhaps, serve to better purpose ; but that it is a principle which of necessity attaches to the individual who voluntarily sets his life apart for the service of the race ; a principle that must dovetail with every other principle of right living ; one that shall determine the present and potential value of every act and thought and judgment from the first hour of professional life to the end of it.

CLEVELAND, O.

THE PHILOSOPHY OF HOMŒOPATHY AS TAUGHT BY NATURE.*

BY E. P. JONES, M.D.

IN these days of advancing knowledge, he who keeps abreast the times must be up at dawn of day, and have not only eyes and ears open, but he must be a reader, observer, and thinker, or he will soon be left in the rear as a fossil of the past age. Nature has always been the infallible teacher in all the advances of science and the solution of the laws that govern the universe.

The falling apple taught Newton the law of gravitation. The boiling tea-kettle led Fulton to the application of steam as a motive power. Franklin's kite, that caught the lightning from the storm-cloud, led Morse to the telegraph. Why, then, should not nature be the proper teacher to follow in the curing of diseases ? For whatever law is not thus founded must sooner or later fall. It was this method of study that led Hahnemann to discover the law of similars in the cure of disease, as I will show later on.

Being thus founded in nature, as we believe, we can justly claim superiority in the treatment of disease.

* Read at the twenty-fourth annual session of the Indiana Institute of Homœopathy, Indianapolis, May 15, 1890.

Recognizing this fact and having a thorough knowledge of the means nature has placed at our command, a new disease for which we have never been called upon to treat causes no alarm to the homœopath. You have all noted the truth of this in our late epidemic of la grippe. While our old-school friends were treating their patients to heroic doses of their favorite trio (calomel, quinine, and whisky) the bone aches at once suggested to us the value of Eupatorium. The "goose-flesh" chill and pain in the back of the neck and down the spine readily recalled Gelsemium, and the paroxysmal cough reminded us of Ammonia carb. or Phosphorus, while the gastro-intestinal symptoms were recognized in Arsenicum and Apis, and yet, our friends of the other side of the house still insist they are the only school, viz., the regulars, worthy of recognition, notwithstanding the writer's 400 cases of la grippe were all safely landed without a single loss.

To show which way the wind blows I will say I was much amused a short time ago at an article in an allopathic journal, recommending Mercurius cor., Rhubarb, and Aloes in small doses for the cure of dysentery ; while another writer in the same journal advocated the use of a single remedy at a time in the treatment of all forms of disease. He argues that a compound of diphtheria and consumption does not cause scarlatina : nor a mixture of small-pox and measles does not produce mumps. Neither does the would-be suicide mix morphine with his strychnia when he wishes to shuffle off his mortal coil.

Yet it was by this observation of nature that Hahnemann was led to discover the law of similars in the cure of disease ; also that two dissimilar diseases may exist in the body at the same time ; each occupying its special seat in the organism, or the more powerful one holding the weaker in abeyance until the stronger subsides, after which the weaker one may resume its effect. But the most valuable observation which was made, and it is the one I wish to call your attention to to-day, is that two similar diseases cannot exist in the body at the same time. The weaker of the two must give way to the more energetic, and be homœopathically cured or prevented during the existence of the stronger.

Had it not been for this practicable application of nature's method of curing disease Hahnemann's name would not be immortalized as it is by being the Father of Homœopathy. We would still be groping our way in darkness at the appearance of each new disease, trying experiment after experiment till our patients either recovered in spite of the drugging or died from their effect.

As an illustration of nature's method of curing disease by similars, I will give a few cases that I have observed in my practice.

CASE I.—Mary A., aged twelve years, took whooping-cough and in a few days was exposed to the measles : this alarmed the parents very

much, they thinking that if she took measles in addition she would have the double malady to contend with and make it very hard for her to undergo. I was called and found the cough very troublesome and the paroxysms of coughing very hard ; in due time the measles made its appearance and when fully developed the whooping-cough subsided : she made a rapid recovery from both, and the lingering cough that usually follows the first disease subsided with the measles. But now you ask for the similarity and I will answer that the fever and the cough are very similar ; the respiratory tract is the seat of the first disease, and when invaded as it is by the measles it homœopathically cured the whooping-cough.

CASE II.—Willie S., aged five years, had been troubled with eczema at recurring intervals for years : when five years old he took measles, and with the appearance of the rash the eczema disappeared, and he is now eight years old and is apparently a stout, healthy boy, and never had a return of the eczema since he had the measles.

CASE III.—Mrs. H., fifty years old, was accidentally poisoned with arsenic two years ago, which left her with a chronic inflammation of the stomach, duodenum, and intestines, which has constantly troubled her until, last January, she was taken with la grippe, which assumed the gastro-intestinal form, vomiting and diarrhœa being her most prominent symptoms. The attack was very severe, but she has entirely recovered of both, and even the eczema arsenicale, that had been such an annoyance on her face ever since the accident and is so common in such cases, has also disappeared with the grippe and she has not felt so well for a long time as now.

CASE IV.—Mrs. B., aged about fifty years, has had bronchitis very bad for ten years, and when she took la grippe last winter her family despaired of her ever recovering. At first her cough was much worse, but in a short time la grippe began to lose its hold, and with it the bronchitis disappeared also, and to-day she is almost a healthy woman ; so much so that she has gone on an extended trip to California, a thing she would not have undertaken previous to her last sickness.

These and numberless other cases that you no doubt all can recall, seem to me to be incontrovertible evidence of the truth of our philosophy of curing by similars. Going this way we sail with the wind and tide ; and herein lies the beauty of our grand system of medicine. By selecting the remedy, which, when given to the healthy individual, produces symptoms most nearly like those produced by disease, we substitute the drug effect for the disease, and the manifestations of the former being only of temporary duration, the system is soon left free from the effects of both, provided, of course, that the disease is one that is curable by medical aid. Let me, then, in conclusion say, all honor to

him who discovered nature's method of cure of *similia similibus curantur*; for the law is as universal as nature, and as imperishable as nature herself.

MARION, IND.

THE] BRAIN DANGERS OF QUININE.

By WM. B. CLARKE, M.D.

[N an article on the alarming prevalence of suicide in Indiana in general and Indianapolis in particular, contributed to the 1889 report of the Indiana Board of Health, I used this paragraph:

I feel confident that a frequent cause of suicide has been generally, if not entirely, overlooked, and so am impelled to utter a word of warning regarding it, viz., the reckless use of quinine, especially its use unauthorized by a physician. Any one who knows the pathogenetic ability of quinine, or rather its ability to cause symptoms or perturbations in the well or nearly well person, especially brain and nerve symptoms, cannot deny that it possesses the power to produce a condition nearly allied to insanity, if, indeed, it practically falls at all short of insanity. In large doses it is a depressant, instead of a stimulant, contrary to the popular belief, and it is the most popular and universal every-day amateur remedy. Everybody seems to take it, and for any and every ailment. For want of space, I cannot further elaborate this point (as it rightly calls for a sanitary article of its own), but it is reasonably easy of proof that many insanities, suicides, and murders can be traced directly to the ill-advised and inordinate use of quinine.

Let this paper, then, be in support of the foregoing claims.

No one who knows the pathogenetic ability of quinine, or rather its ability to cause pronounced symptoms or perturbations in the well or nearly well person who experimentally swallows it in large quantity, especially brain and nerve symptoms, can deny that the drug possesses the power to produce a condition nearly allied to temporary insanity, if, indeed, it falls at all short of insanity. Physicians who continually thus study the effects of drugs upon healthy persons, that they may thereby the better know how to use them as medicines for the sick, as do the homœopathists, and who never use drugs as medicines unless they have repeatedly passed through this crucial test, called "proving," cannot but appreciate the truth of this statement at a glance, and would prove recreant to their trust as conservators of the public health did they fail to utter the proper warnings at the proper times in regard to the popular and ordinary use of quinine.

But all physicians, unfortunately, are not homœopathists; hence the great mass of them are really unskilled regarding the real physiological action of quinine upon man, whatever they may know of its action on

* Read at the twenty-fourth annual session of the Indiana Institute of Homœopathy, Indianapolis, May 15, 1890.

dogs ; nor are all the quinine users or prescribers physicians at all. So, for the edification of these two classes, the "regular" allopath and the ordinary layman, and at the imminent risk of boring the regular homœopathists, who know all these things by heart, it may be well to depict some of the dangers of quinine.

One of the beauties of homœopathy is that its devotees or believers, properly handled, don't know what medicine they are taking, or, at least, how it is to be prepared if they do know its name ; hence, they are not eternally dosing themselves for every accidental symptom, but leave their treatment to their physician, as they should. Ordinary people depend more on their patent-medicine-selling and prescribing druggist or themselves than on any physician, and this course often makes well persons sick, a mild case serious, and a bad case hopeless, as is well exemplified by that gravestone inscription in Spain : " I was well ; would be better ; took physic, and died." A fable might make odious the folly of self-prescribing : A dyspeptic goat was mournfully masticating a coal-scuttle when his eye chanced to fall upon a nearly empty can of dynamite. " I wonder," said he, with a thoughtful twiggle of his erect but abbreviated tail, " if that wouldn't help my constipation ?" Of course it cured the case, but the poor goat found the effect to be like that of the hair-trigger explosive prescriptions the young old-school doctors so love to jokingly ring in on their unsuspecting druggists, and if they do not explode in the mortars, they will when they reach their improper human destination. It may be set down as a positive fact that the more a person, professional or non-professional, knows about drugs the less will he trifle with them, and I believe the time is coming when the civil law will step in and say that no man having others dependent upon him can do his own doctoring unless he has received a medical education. It is incomprehensible that a man with sense enough to take his disabled watch to the jeweler rather than to the blacksmith for repair, or essay to repair it himself, can treat his own infinitely more delicate machinery with less respect. He need not retort that many doctors are blacksmiths, for there are plenty of fine watch repairers among them.

Homœopathic physicians have so long ding-donged anti-quinine talk into the ears of people that the general public and even the allopathic physicians have come to believe that they discountenance its use ; but it is its *abuse*, not its rational use, that is decried. Indeed, many allopaths talk as though they seemed to think that a man is not a homœopathic physician if he uses quinine in any shape, oblivious of the fact that if there ever was a God-given right in medicine it is that of homœopathy to use quinine, for it was with this very drug in the original that the great Hahnemann was experimenting when he discovered the vital principle, *similia*, called homœopathy ; and the fancied experts of

to-day have yet much to learn regarding cinchona, and its use, from the Grand Old Man of seventy-five years ago.

I do not know the exact amount of quinine now consumed (and "consumed" is a good word) in the United States yearly, probably 2,000,000 ounces—price to consumers when the duty was on about \$2.50 to \$3 an ounce. Here are some facts regarding "the money in it," as the saying goes, which illustrates its great hold on the American people: The import duty on quinine was removed by Congress in 1879, thus letting in the French makers, including its discoverer, Pelletier, in competition with our two great producers, Powers & Weightman and Rosengarten & Co., both of Philadelphia. This duty was nearly clear gain for these two firms, who thus enjoyed a monopoly of about half a million dollars a year, and it is no wonder that for a few years they did their best to have the duty restored. During some of the investigations, made about 1882, in connection with the tariff commission work, it transpired that the firm of Powers & Weightman was worth \$15,000,000, and that the larger half of this immense sum had been made in the manufacture and sale of quinine!

If from this point on, in this paper, I can almost say with Montaigne, "I have gathered a posy of other men's flowers, and nothing but the thread that binds them is mine own," it will but serve to more clearly prove and more closely rivet the truth than I might unaided, and withal prove far more valuable.

In several of the February journals Dr. Swan of New York made the very claim with which I open this paper, and quotes largely from Hahnemann's provings in proof of the correctness of his view, his article having been brought out by reason of the many fatalities attending our last winter's widespread epidemic, la grippe. Such fatalities being caused, in his opinion, by quinine, not grippe, more especially through its effect on brain and heart. Some of the mental symptoms quoted are as follows:

Thought difficult when writing.

Ill-humor, increased by caresses.

He is vexed, and gets easily angry.

Blindness, ischæmia of the retina, neuritis.

Apathy, indolence, disinclination for mental labor.

Stupor, delirium, convulsions.

Congestion of brain, abolishing the cerebral functions.

Deafness and serious inflammation of internal ear.

Anger increasing to the most violent wrath; he could have stabbed one.

Disturbance, or rather emptiness of the mind; excitement, insanity.

Memory "muddled," mistakes in writing, "left" for "right" and vice versa.

Feeling of impending evil in the afternoon ; fretfulness ; anger after sleep, even about a draught on the legs.

Loss of power to name substances ; mistakes in adding figures ; perception of quantities impaired ; vacancy of ideas.

Inclines to feel angry, and seeks opportunity for it ; afterward quarrelsome and disposed to grieve and reproach others.

He despiseth everything ; dissatisfaction ; he thinks he is unhappy, and imagines he is tormented and teased by everybody.

Intolerable anxiety ; he jumps out of bed, and wants to kill himself.

He tosses about the bed beside himself and in despair ; inconsolable ; distressing moaning and screaming ; taciturn, obstinate silence ; disobedience, want of docility.

Most of the above symptoms were obtained by the proving of cinchona officinalis, or Peruvian bark, while quinine is cinchona mixed with sulphur, making chinium sulphuricum ; but the addition of sulphur only intensifies its action, as there is no greater depresser than sulphur.

Dr. Swan then adduces a list of heart, spine, and lung symptoms, and says that quinine has a specific action on the spinal marrow and spinal nerves, its first effect being to excite the nervous action, which is followed by a depression of the vital functions and an increase of sensibility, and the depression is more pronounced than the previous exaltation. He concludes :

" It will be observed how few stimulating symptoms there are compared with the depressing ones. Business men, brokers, and lawyers, men engaged in business that causes 'brain fag,' generally keep a box of quinine pills in their pockets, and when they feel themselves 'letting down' they take a pill as a 'pick-me-up.' But should they have pneumonia, and they are apt to be attacked with it suddenly, they will surely die. An eminent physician, lately deceased, than whom there was never a more careful observer, gave this as his belief, the result of many years' experience, and my own observation has confirmed its truth. I think if the truth could be known, hardly a person has died of la grippe that has not taken quinine. But not all have died of pneumonia. The violent, unbearable headache, principally in the top of the head, is followed by coma, varied by violent delirium, stupor, and cerebral apoplexy, preceded by the redness of the face, closes the scene, and this condition is caused by quinine."

Baehr interestingly details the course of cinchonism, too long to be introduced here, which ends : "Death is now an almost inevitable result." Hemple does the same, and so all the homœopathic materia medicists.

Dr. Baldwin, in the *Southern Medical and Surgical Journal*, details a fatal case of a child six years old. Eight grains in two doses, three

hours apart, brought on dilation of pupils, extreme restlessness, convulsions, blindness, and death.

Melier accords these symptoms : " Delirium, coma, pneumonic symptoms, hæmaturia, amaurosis, deafness, convulsions, paralysis, and death."

Dr. McCaw of Virginia accords to it " a kind of mental disorder much like delirium tremens."

Guersant cites the death of Bazire, a French physician, from quinine self-administered.

Trousseau et Pidoux records a case where Recamier prescribed quinine. He gave twelve grains hourly and caused " violent agitation, furious delirium, and death in a few hours." This is what is called " heroic " treatment by our old-school brothers.

Prof. G. B. Wood says " quinine acts specially on the brain, often producing decided effects, sometimes in very small single doses."

Our Prof. W. H. Burt shows that the grand starting point and center of action of cinchona and quinine is the ganglionic nervous centers that control the functions of organic life, and the base of the brain, the upper brain being affected sympathetically, its action being to cause debility when misused, so properly used it cures debility. He compiles and adduces a long list of head, mind, and nerve symptoms which I should like to reproduce here, to say nothing of general ones, but limited space forbids, as I have quoted so largely from Hahnemann.

It is a positive pleasure to state that occasionally a prominent old-school physician sounds a note of warning.

The following is by Dr. Lewis A. Sayre of New York, recently : " There are many cases recorded where the use of quinine has caused a disarrangement of the mental powers, and to such an extent that the sufferer did not know what he or she was about. Instances are not few where patients who were given large doses of the drug became delirious. " Physicians cannot be too careful in prescribing quinine, for what is one man's meat is another man's poison. I have known one grain to have more effect on some patients than fifteen grains on others." There is little doubt but that there are quinine habitues as well as slaves to chloral, morphine, and other narcotics and drugs.

And Dr. Barton of Mississippi, in the *Memphis Journal of the Medical Sciences* last March, openly charged that malarial hæmaturia was really nothing but cinchonism, due to the " absurd and criminal quantity " of quinine used. He states, that he is fresh from the teachings of Flint and Loomis, but has had to unlearn much about the use of quinine.

All are familiar with the fact that Jefferson Davis, he of the lost cause, during his last illness, absolutely refused to take his medicine because he had found out that it contained quinine. He had been disabled by it during the Mexican war, and swore eternal vengeance on it.

Many old people have told me that they are satisfied that their bad cases of deafness came from their use, or rather abuse of quinine.

The Lorimer case is fresh in the minds of all. Rev. Dr. George C. Lorimer of Chicago, a man of spotless reputation and high character, and a noted lecturer, was booked for a Y. M. C. A. lecture at Holyoke, Mass., last Washington's birthday eve, on "The French Revolution." When he stepped upon the platform his face was red and inflamed and his gait uncertain. Without reference to his subject he at once plunged into a rambling attack upon the Roman Catholic Church, his speech soon becoming indistinct and incoherent. Great excitement ensued among the audience, which soon arrived at the conclusion that he was drunk, and left him talking to the benches. A singular fact was that the doctor had the next day no recollection of the occurrence, and denied it in the face of the evidence of hundreds of witnesses. The next day Pastor Booth, in his pulpit, stated that Dr. Lorimer's conduct was due to a large dose of quinine taken a short time before the lecture hour to relieve a chill from which he was suffering. The doctor also in the pulpit by his side, with tears in his eyes corroborated the truth of his statement. Dr. Lorimer's charge, the Immanuel Baptist Church, Chicago, came to the rescue and tendered him a six months' leave of absence in which to recover his health.

I need not say anything about the ability of quinine to cause enlargement of the liver or spleen; the old-time "ague-cake" for this paper concerns the head symptoms mainly.

It is getting to be the custom now in fashionable saloons and even ordinary bar-rooms to keep quinine or quinine capsules on tap, as calls for them are frequent as accompaniments to that popular drink, "the same." Surely in the light of what we know of these two army favorites, combined they must prove the champion "knocker-out."

(To be concluded.)

SOME THOUGHTS ON THE FIRST VOLUME OF THE CHRONIC DISEASES.

By S. LILIENTHAL, M.D.

No. II.

PAGE 175. The antipsoric medicine should neither be taken immediately before, nor during menstruation; it may, however, be taken on the fourth day, about ninety-six hours after their appearance. If the menses appear too soon, are too abundant, or last too long, the patient may, on the fourth day, smell of a globule of the highest potency of *Nux vomica*; four, five, or six days after this, the antipsoric may be taken. If the female be extremely irritable and nervous, she ought to

smell of such a globule, even during the antipsoric treatment, seventy-two hours after every appearance of the menses.

In an annotation, Hahnemann remarks that in such irritable and nervous patients, whose menstrual functions are deranged, Nux is especially adapted to restore in such patients the harmony of the nervous functions, and to calm that excessive irritability which would be an insurmountable obstacle to the curative action of antipsoric remedies.

That great exponent of Hahnemann's *Materia Medica*, the late Prof. Farrington says : The menses under Nux vomica are almost always profuse and generally dark in color. The patient has frequent fainting spells about the time of the menses, especially in a warm room. The antipsoric Calcareo follows well. Nux vomica, which intensifies the action of Sepia, acts best when given in the evening, and sensitive persons should not take it fasting in the morning, or on first awakening, because its most powerful symptoms are then called out. Neither should it be taken just before or after a meal or when the mind is on a strain.

Though Farrington does not mention Nux vomica among the remedies for a neurasthenic condition, our experience has shown us the frequent necessity of relying on this great polychrest for this mental and somatic inquietude inherent in this remedy. Hahnemann wants a calm mind and a *dolce far niente* (the sweetness of doing nothing) when giving as antipsoric and we can easily understand why the irritability must first be removed before the antipsoric can act. It is a mistake to think here on the similarly acting Sulphur or Sepia ; we will far oftener find indications for the salts of lime after Nux vomica to regulate the exhausted sexual organs.

Every physician in large practice will agree to it that frequent miscarriages prove that there is something wrong in the make-up of that woman, be it psora or syphilis, on which the blame may be laid, and why Hahnemann does not mention here syphilis as one of the causes of frequent miscarriages was a wonder to me. How often do such cases lead me to study up again and again Granvague's constitutions ; and often do we find there just the antipsoric needed. Several times I followed the rules which are laid down in Granvague's masterly work, and the woman who formerly lost all her children from some psoric affection, by taking antipsorics during her pregnancy, gave birth to healthy children. How truly Hahnemann says, "Pregnancy in every stage, so far from being an obstacle to antipsoric treatment, makes it, on the contrary, essentially necessary, and offers a brilliant sphere of action to antipsoric remedies, only one ought to reduce the dose as much as possible as to employ only the highest potencies."

Hahnemann condemns all artificial evacuations *in toto*. At the beginning of antipsoric treatment, when the antipsoric remedy has not had time to act, the patient sometimes complains of constipation and

injections of pure tepid water may be allowed. (To-day very small injections of glycerine are the fashion, and we have never seen any interference from this action.) Next to Sulphur, Lycopodium acts most favorably under these circumstances. Hardy old Hahnemann did not need Jaeger underwear, and he ordered them discontinued when the patient's susceptibility for catching cold has been considerably diminished by the antipsoric treatment, and when the mild weather sets in. We would like to see a discussion on that point by the Sage of Coethen and the Professor of Stuttgart, and we candidly believe that in our neurasthenic age (vital power below par) the latter would come out victorious. How warm baths can be unnecessary, if they are merely used for the sake of cleanliness, is a mystery and now, where every house enjoys the luxury of a bathroom and uses them, we want to know what harm has ever resulted therefrom? After all, Hahnemann may be right, and we wait for enlightenment.

SAN FRANCISCO, CAL.

BOOK REVIEWS.

A COMPEND OF GYNÆCOLOGY. By HENRY MORRIS, M.D., late Demonstrator of Obstetrics and Diseases of Women and Children, in the Jefferson Medical College, Philadelphia, etc. With forty-five illustrations. Philadelphia: P. Blakiston, Son & Co., No 1012 Walnut Street, 1891.

This is No. 7 of the Quiz-Compend Series. It is of uniform size with its predecessors, same binding and type, and replete, as all of the others, with information most necessary in the acquisition of a rapid review of what has already been listened to and studied under the direction of the several chairs. A mistake is made by the student who buys a book of this kind as a substitute for a regular text-book and hopes thereby to pass an examination. It is true he may be able to cram and bone enough out of a quiz compend to pass muster; but he is far from being versed in the specialty, and will likely come to grief very soon after graduation. The honest purpose of these compends is to remind him and refresh his memory; it is not intended to supply the means for not studying. Used in this way no harm can ensue. Dr. Morris has made this compend very comprehensive, and it is especially happy in its hints to the practitioner who has not time to read over many chapters on some point in doubt in his mind. We recommend the book.

A GUIDE TO THE PRACTICAL EXAMINATION OF URINE. For the Use of Physicians and Students. By JAMES TYSON, M.D., Professor of Clinical Medicine in the University of Pennsylvania, and physician to the Hospital of the University; Fellow of the College of Physicians of Philadelphia, etc. Seventh edition. Revised and Corrected. With a colored plate and wood engravings. Philadelphia: P. Blakiston, Son & Co., 1891.

As a frontispiece is given a lithoed plate of Vogel's Scale of Urine Tints. For the rest the book is a faithful reproduction of former

editions ; some few (all) inaccuracies corrected, and some additions made, in order to bring it up to date. Yet notwithstanding the additions, a judicious condensation has kept the volume in its former size. This book needs no introduction at our hands. A seventh edition is commendation enough for any author. It is, however, a good treatise on urine, and worthy of a place in the medical man's library.

TEXT-BOOK OF HYGIENE. A comprehensive Treatise on the Principles and Practice of Preventive Medicine from an American Standpoint. By GEORGE H. ROHÉ, M.D., Professor of Obstetrics and Hygiene in the College of Physicians and Surgeons, Baltimore ; Director of the Maryland Maternite ; Member of the American Health Association ; Foreign Associaté of the Société Française d'Hygiene. Of the Société des Chevaliers-Sauveteurs des Alpes Maritimes, etc. Second Edition. Thoroughly revised and largely rewritten, with many illustrations and valuable tables. Philadelphia and London : F. A. Davis, Publisher, 1890.

An interesting book, looking at it from any standpoint, whether as a medical man or simply as a general reader. There are chapters in it on topics that will prove instructive and entertaining to any reader whatever his line of work in life. Thus a review of the Table of Contents discloses among many chapters the following : Air ; water ; food ; soil ; industrial, military and camp, naval, prison hygiene, each a separate division and excellently and exhaustively treated. Exercise and Training points out the evils as well as the good of exercise ; the possibility of over-doing ; the disposal of the dead (including a description of cremation) ; Baths and Bathing ; Contagion and Infection. The work is well constructed and will not fail of proving instructive. Dr. Rohé has done his work well, as the rapid exhaustion of the first edition evidences from a commercial standpoint. The publishers have enhanced the work with their usual excellent mechanical part—type, paper, and binding.

THE STORY OF THE ILIAD ; OR, THE SIEGE OF TROY FOR BOYS AND GIRLS. By Dr. EDWARD BROOKS, A.M., author of *Mental Science and Culture*, *Normal Methods of Teaching*, *Philosophy of Arithmetic*, *Normal Series of Mathematics*, etc. With thirteen illustrations from Flaxman's designs. Philadelphia : The Penn Publishing Co., 1890.

The world's greatest poem is said to be Homer's Iliad. In skill of invention, beauty, imagery, and simplicity of style, it is probably without a peer in literature. The poetic form of Bryant is objectionable to many readers who care not for the beauty of construction so much as they do for the facts of the history ; while the literal translations in the Bohn and Harper series are difficult to read except by the adult reader who has a fair conception of the structure of the Greek. And of course both of these forms are objectionable to the very young. Here, now, we have the story told in prose, direct, and yet in language easily grasped by the youthful mind, couched in phrases that attract and sink deeply into the mind. The story is well told by Dr. Brooks, and its admirable division into chapters of uniform length renders the book a charming accessory to a classical course. We enjoyed the story very much, and believe we are safe in recommending it to others. The book is handsomely bound, and very attractive.

The Century for the past three months has been filled with charming stories beautifully illustrated with the *Century's* own excellence in this department. "Col. Carter of Cartersville" is a very pleasant skit of one of the old F. F. V. kind. Many short stories are given and of the usual high merit.

Scribner's Monthly for some months past has been giving installments from an anonymous writer's work entitled "Jerry." The April number carries the interest to such a degree that it is difficult to foresee how the story can be closed in the May number as promised. Jerry has been a wonderful character from the first, and we perhaps voice the wish of the majority of readers that no harm may be in store for him after all his many trials.

Lippincott's gives the usual complete story—Maidens Choosing—which, while not so bright as some of its predecessors, is yet a pleasant story. It possesses the great merit of being confined to but a few characters and all within a month of time. The Elizabethan drama and the Victorian novel give room for much study in comparisons. It is cleverly done. *Lippincott's* continues to be a very welcome visitor to our table.

St. Nicholas, continuing its improbable probable stories in its last issue, discourses on the component parts of the moon; it is very interesting to the youthful reader to be told in understandable language that the moon is made of cheese, and fine wood cuts showing the mines from which the cheese is taken, the cloud ships which carry it, and how generally the moon is built up each month. The marriage of the astrologer's niece is prettily told, as all of Tudor Jenks's stories are told. We shall never forget his egg-shell story.

GLOBULES.

—It is always better to err on the side of safety and to keep the patient in bed too long than to let him up a day too soon.

—A physician of Otsego, Mich., has been mulcted in \$1250 for publicly reporting the cause of a woman's illness, as he diagnosed it.

—STUDENT: Professor, what is the best thing to do if you get concentrated nitric acid in your eye?

Professor: Buy a glass one.—*Ex.*

—What is the matter with "Homœopathic" when speaking of our school? We notice that some of our exchanges outside of the New York Medical Times, use the term "new school" as a synonym for homœopathic. Stand by your colors, gentlemen!—*Cowperthwaite.*

—The Cleveland Homœopathic Hospital College celebrated its forty-first annual commencement exercises on March 24. The exercises concluded, 103 persons sat down to a banquet at The Hollenden, which was concluded with toasts and complimentary and congratulatory speeches.

—The King of Siam will soon send six youths from his kingdom to Pennsylvania to be educated. They are all to become physicians. The young men are chosen from among the poorer classes, and the expense of their tuition, about \$500 a year each, is to be borne by the Siamese government.—*The College Transcript*.

—*The Chicago Medical Times* (eclectic) copies from the *New York Medical Times*, Dr. W. M. Decker's paper on "Homœopathy." This should satisfy the *Times* and Dr. Decker that they are truly appreciated where they properly belong, in the eclectic ranks. Why not gratify a long-felt want and take a header down below?

—EUROPEAN PEDANTRY.—Four years of Latin never did and never can make a doctor skillful. I have witnessed enough of the pedantry, the sciolism, and the arrogance of the men from Europe to be convinced that from some cause their instructions are sadly deficient. Much that they learn, one is better off not to know.—*A. Wilder, M.D.*

—"The Glenmary Home, a private homœopathic asylum, has been opened at Owego, N. Y., with Dr. A. J. Givens as Superintendent. Dr. Givens has been connected with the Middletown and Westborough Insane Hospitals for four years, and is well fitted for the work in which he has engaged. That the Glenmary Home will be a success is assured from the first.

—The Germans have a practice which has many things to commend it. They declare a "jubilee" for some respected and honored man, and at a great feast, to which he is invited, they review his labors, his work, the results he has accomplished, and shower congratulations upon him. This is worth infinitely more to him than post-mortem demonstration.—*Chicago Medical Times*.

—PHOSPHOROUS IN CATARRH.—Phthisical constitutions who are subject to catarrhal troubles; swelling of the nose; frequent discharge of blood from the nose; green-yellow discharge from the nose with great dullness of the head; hoarseness and inflammation of the throat; discharge tough and thick and not accompanied by coryza; loss of smell; fetid smell from the nose; patients are sensitive to cold weather.—*E. S. F. in Current*.

—Dr. J. E. L. Davis, (New York College '77), who removed from Nyack last November to New York City, has his office with Dr. Lewis Hallock in his beautiful residence at 34 East Thirty-ninth Street. Dr. Hallock is one of the oldest Homœopathic physicians practicing. He has been for many years one of the censors of our college. He enjoys good health and has a large practice. On February 7, 1891, Dr. Davis married Miss Isabelle D. Armstrong, daughter of Mr. A. C. Armstrong, 4 East Sixty-third Street.

—Never betray the confidence of a patient. It may happen that you will be called into the courts to testify, but I think our secrets should be kept as secret as those of the confessional. I should never testify except under express order of the court, and even then I can imagine cases where I should prefer to pay the penalty of contempt of court and spend a season in Ludlow Street jail than to betray the confidence of my patient. Even flaws and idiosyncrasies of character should never be exposed.—*Dr. Crosby*.

—THE TEN COMMANDMENTS OF ABDOMINAL SURGERY.—1. The arrest of hæmorrhage. 2. The avoidance of mechanical irritation. 3. The guarding against infection. 4. The proper apposition of the edges of the wound. 5. The provision of necessary drainage. 6. To apply gentle pressure to prevent exudation. 7. To give perfect physiological rest. 8. To secure the best possible position of the parts to promote comfort and healing. 9. To provide for hygienic surroundings. 10. To attend to the patient's general health.—*Dr. Griffiths.*

—Why should not *Nature* be accepted as the strongest possible evidence of a Supreme Intelligence who orders and governs the universe—a universe so sublime in arrangement and extent, even to our limited knowledge, that it would seem impossible to separate it from the thought of an ordering intelligence? The allegory of Genesis has had its usefulness and is to be cherished as a sacred record, but to me it is crude and commonplace beside the evolution of matter and mind, and the phenomena of animal and vegetable life. Instead of destroying, they do but magnify the power and glory of that great First Cause.—*Dr. Turner, U.S.A.*

—EIGHTPENNY NAIL IN TRACHEA.—Dr. T. Hawkins, Ness City, Kan., states that a little boy three years of age, while tossing a nail in the air and catching the same in his hands, missed once, the nail falling in his mouth and passing into his throat. He immediately began to have fever, coughed a great deal, and occasionally would vomit. The parents were urged to have an operation performed to determine the exact position of the nail, but would not consent to this, and the child gradually grew worse, dying four months after the accident.

An autopsy was performed and the nail found at the bifurcation of the trachea, with its head turned toward the right lung.

—In a review of the second edition of Dr. Frederick Bateman's book on "Aphasia and the Localization of the Faculty of Articulate Language," published in the *American Journal of Insanity*, Dr. Bateman is quoted as practically discarding all the theories, including Broca's, of localization of the speech center. Although he admits that in a great number of cases aphasia has been found associated with disease in the left anterior lobe, and more especially in the third frontal convolution or its immediate neighborhood, and that the occurrence of derangements of speech with lesions of this limited area is so strikingly frequent as to take it altogether out of the region of mere chance, he explicitly states that he thinks the matter not proved so far as any arbitrary and definite localization of the faculty of speech is concerned.

—TOBACCO FUMES.—A gentleman who was a very moderate smoker once said, "If I smoke but a single pipe or cigar I carry it about with me for half a day, whereas my brother smokes a dozen pipes and nobody would suspect an hour afterward that he had smoked at all." These observations are commonly made, but the cause is not understood. When the moderate smoker carries about with him the odor of tobacco he has some defect in his breathing; he cannot eliminate by his lungs with the rapidity he should, so the odor holds to his breath, and the skin in doing more work than is natural for it, in order to relieve the lungs, lets products pass off by it also, thereby saturating the clothing with the perfume.—*Cora B. Brewster in Hom. Advocate.*

—FOREIGN DEGREES IN ILLINOIS.—The Illinois State Board of Health has decided that hereafter it will recognize no foreign diploma that does not confer upon its holder the right to practice medicine in the country in which it was granted. The holder of an Austrian, German, Russian, or Swiss diploma, wishing to practice in Illinois, must hereafter pass an examination before the board, unless he has a pass certificate from a government examining commission. The holder of a Canadian diploma, unless a licentiate of the College of Physicians and Surgeons of Ontario or Quebec, must pass an examination in order to be licensed in Illinois.—*N. Y. Medical Journal*.

—The following editorial notice in the April number of *The Arena*, will interest old readers of THE AMERICAN HOMŒOPATHIST :

THE PHILOSOPHY OF THE FUTURE.—Dr. George W. Winterburn, formerly editor of THE AMERICAN HOMŒOPATHIST, of New York, and for many years one of the most prominent writers and practitioners among the disciples of Hahnemann, contributes an essay of great force in this issue of *The Arena*, on the "Future of Philosophy." Dr. Winterburn, in his treatment of this subject, displays great breadth of thought and that quick discernment, by no means prevalent among popular thinkers, which enables him to think along the lines of advanced scientific research.

—HABITUALLY MOIST FEET.—This is found most frequently in such persons as live well and take little exercise. Also in young women of a somewhat nervous temperament, who indulge in the pernicious habit of frequent tea-drinking. Aside from its unpleasantness, the danger attending on wet feet is acknowledged, and it is also not rare for persons so affected to have their feet and legs icy cold for long periods of time. In the editor's experience, the best results of treatment have been obtained from the employment of foot baths of a strong solution of extract of *Pinus canadensis*, (Kennedy's) every night, and the use of powdered Boracic acid, constantly applied inside the stockings.—*Dr. Jamison's Periscope in Edinburgh Med. Jour.*

—AN EARLY ATAXIC SIGN.—Weiss, of Vienna, says that an early symptom of locomotor ataxia is an inability on the part of the patient to walk backward, while as yet, and in other ways, he may be able to walk with firmness and rapidity. Perron, of Bordeaux, has also, as we stated several weeks ago, recently suggested an early diagnostic sign, which is simply a modification of the Romberg test—namely, causing the suspected ataxic patient to stand upon one leg, instead of two, with the eyes closed. If the patient shows a tendency to fall, it may be inferred that the spinal trouble has begun which will lead on to locomotor ataxia, even if the Romberg test fails, as it not infrequently does in cases that are not well advanced.

—DIPHTHERIA IN ANIMALS AND MAN (Davison, *Brit. Med. Jour.*, October 25, 1890).—These observations were made in Buenos Ayres, where diphtheria has been very prevalent. Most of the houses in that city have open spaces within, known as *patios*. They are not paved, and among the poorer classes horses and hens are kept in them. The soil is retentive and always damp, and hens living in these places are subject to a throat disease which is without doubt diphtheria. From the statistics given, there seems to be no doubt that children in large

numbers contract the disease from these animals. It is well known that in the French army diphtheria is three times as prevalent in the cavalry regiments as in the Infantry. The same thing holds true in Germany and in other countries.

—HAHNEMANN AND KOCH.—Hahnemann also discovered 100 years ago, in his line of investigations, that a large dose would aggravate or make worse where the small dose would prove beneficial and curative. Koch has discovered the same thing to be true. The small dose of the homœopathist, which the old school has ridiculed for ages, Koch has just discovered (?) to be the most beneficial. Thus Koch is almost one hundred years in the rear of the great scholar and scientist, Samuel Hahnemann. The world doth move. Koch, however, I believe will do much good by helping to break down the prejudices of the old school and starting them to thinking in the light of the law of Similars, which lies somewhere on the bottom of all therapeutics and which they will find distinctly set forth in Hahnemann's writings.—*T. E. Reed, M.D.*

—ORIPHYSICIANS.—One of the latest fads in medicine is known as "official surgery." The disciples of this new cult look chiefly to the openings in the human form, believing, with the great bard, that all men have their exits and their entrances, and that if these are preserved in a normal condition the internal regions will take care of themselves. The *New York Medical Record* styles the practitioners of this art "oriphysicians." This is probably as good as anything else of the kind. It is strange that the practice of medicine, however, does not get up a higher plane than that of external experiment and venture. For hundreds of years it has floundered in the same slough of despond and seems to manifest but small ability to extricate itself. The best and ablest physicians confess this but do not seem to be able to suggest a satisfactory exit.—*Cleveland World*.

[Send this writer a copy of the Organon and an instructor.]

—MUST PHYSICIANS ANSWER URGENT CALLS?—A paragraph in the daily papers states that a New Haven physician who refused to attend an urgent call because he had a previous engagement has been fined \$10. It would be interesting to know the full particulars of the case, as it is difficult to see what obligation there is upon the physician to render services in any case, except that of humanity. We believe that physicians have a legal right to give or refuse their services to any person, but they assume a grave responsibility when they decline to respond to an urgent call, especially if other physicians are not easily accessible. On the ground of humanity such a refusal would be very severely judged both by the profession and by the general public. It is a far different matter, however, to assume that a physician who refuses to answer a call is liable either to a fine or to money damages in a civil action.

—The Royal Route—the pseudonym for the old reliable Reading Railroad—is properly so called. Everybody who has traveled on the splendid lines operated by the Reading between Philadelphia and New York, and between Philadelphia and Atlantic City, will concede that the name is well applied and unquestionably well deserved.

Just how it was acquired is not known with certainty. Some enthusiastic seashore pilgrim, pleased with the magnificent cars and phenome-

nal speed of the Reading's famous "Flyers," which make the run between Philadelphia and Atlantic City in seventy-five minutes, dubbed that line the "Royal Route to the Sea." This is certainly the model seashore railway of America. It is doubled-tracked over its entire length, being the only double-track road to Atlantic City, and its rails of gleaming steel run in an almost curveless line from the Delaware to the sea.

—ORIFICIAL VS. ORIGINAL.—The printer and his familiar, the int. comp., have again evened up accounts with us. They are long suffering and bear patiently with our editorial idiosyncrasies; but occasionally the pent up d—m breaks its bounds and the account is liquidated. Thus we carefully devised, designed, reared, and constructed a "Don't" which was the embodiment of an hour's patient "mental" cogitation along a line of thought intended to convey a fitting and lasting moral. As revised by the printer it reads: "Don't profess to be editor of a college journal if the original surgery man furnishes all the ideas"; which is perhaps as blank a remark as could well be precipitated into cold type. But substitute "orificial" for "original" and the blankness is made a little more luminous. The "drive" was at an alleged college journal which was filled from cover to cover with such nastiness and indecency that the other members of the faculty were heartily ashamed of it.

—MEETING OF THE NATIONAL ASSOCIATION OF RAILWAY SURGEONS.—At the Kansas City meeting of the National Association of Railway Surgeons last year, it was decided to hold the next meeting at Buffalo, May 7, 8, and 9 of this year. But, on account of the meeting of the American Medical Association being set for the same time, it has been decided to change those dates, and to hold our next meeting at Buffalo April 30 and May 1 and 2, to which all railway surgeons are cordially invited. To all railway surgeons sending their names and addresses to the corresponding secretary, a copy of the constitution and program will be sent. All those wishing to read papers should send in the titles of their papers without delay. For further information inquire of

A. G. GUMAER, M.D.,
Corresponding Secretary,
 Buffalo, N. Y.

—POINTS IN DIAGNOSIS.—Swelling under the eyes, grayish, white, or waxy color of the skin, denotes granular disease of kidneys.

Swelling of the labia, on one or both sides, will accompany inflammation of the kidney.

Carbuncles on the shoulders, or scapular region, are frequent accompaniments of diabetes.

Pain, referred to the meatus urinarius, is sure to be the result of cystitis, prostatitis, or nephritis.

Pruritus of the anus will be the evidence, often, of disease of prostate.

Pain or numbness in the outer part of the thigh, denotes some disturbance of the sexual organs, in both male and female. Sciatic neuralgia often depends, in females, on inflammation of the ovary; in men, on irritation of lumbar or sacral nerves.

Pain in the heels, in females, may be the only evidence of ovarian

abscess, while pain and swelling in the mammæ will evince some trouble in the same side of uterus or fallopian tube.—*Ch. Gatchell, M.D.*

—COFFEE, NOT WHISKY, FOR SHOCK.—The fact that coffee blunts sensation and increases secretion, would suggest that we educate the laity in the direction of at once giving the victims of accident a good cup of hot coffee, rather than the usually over-stiff whisky toddy, which in many cases, given in excess as it is, places the individual not only in an unfavorable condition physically, but also renders him liable to the charge later, from those not familiar with the facts, of having been injured on account of drunkenness. I recall the case of a young lady, horseback riding in the suburbs of St. Louis some years ago, thrown from her horse, leg fractured, taken in by good Samaritans close at hand. On being summoned, I at once responded, and recognized the victim as being one of the "swellest set" of St. Louis's best society. I placed the patient in my carriage and removed her to her home. She was dead drunk, and before we reached her home there was not a space three inches square in the carriage which was not covered with that which had, prior to the accident, been part of the contents of her stomach. Those unfamiliar with the fact of her having been filled to the brim with whisky by the good Samaritans who took her in, might have seriously reflected upon her character. A good cup of black coffee would have done her better service and risked her character less. So to the public we would say, give to those who have been injured a good cup of coffee in the name of humanity, but not whisky.—*J. N. Love, M.D.*

—AMERICAN ALOES IN HYDROPHOBIA.—A boy, æt. eight years, was bitten by a dog on February 18; the dog was shot on exhibiting suspicious symptoms. By March 5, the wound had healed, leaving two small cicatrices, and nothing abnormal was observed.

On April 17, the boy was dismissed from the hospital, to all appearances enjoying good health.

On July 7, he became quarrelsome, excited, affrighted and sleepless; ate nothing, and only by great exertion was able to force down a few morsels. Pulse small and frequently with great anxiety. In spite of Bromide of potash and Chloral hydrate all the symptoms of rabies were developed to such an extent that his death seemed imminent on the 17th. The hapless boy had not tasted food for seventy-two hours, and had to be tied down to prevent attacks on his nurses. As a last resort the doctors concluded to make a trial with *Agave Americana*, with which the hospital grounds were fenced in, a newspaper having mentioned its efficacy. At the morning visit on the 18th a piece of *Agave* was offered the boy, who, to the astonishment of all, eagerly bit and swallowed it greedily without scarcely masticating it, while before, even the sight of drinking and food caused him to rave. He presently reached out his hand for more and more was given him, and he hastily and greedily ate and bolted everything. All medicine was now discontinued, and the boy received all the *Agave* he wanted. By evening a decrease in the violence of the nervous attacks became apparent, although they were as frequent as ever. The same was the case on the whole of the following day, during all of which time the boy chewed *Agave*, uninterruptedly, swallowing the juice.

On the 20th of July the change for the better was striking; the sali-

vation entirely ceased ; the dejections were unchanged ; but the boy had slept for two hours, answered no questions and incessantly chewed Agave, of which, however, he only swallowed the juice, spitting out the rest. Slept almost the whole night to the 21st, and commenced to take nourishment. On the 22d consciousness has returned, but he still demands the Agave. On the 25th he only asked for Agave twice, and on the 26th he finally declared that he did not want any more Agave, that it tasted too bitter and caused a burning in the mouth. As all other morbid symptoms had ceased, the boy was dismissed cured.—*Fernandez Avila of J. d-Rena in Fl. Siglo Médico.*

—PÆDIATRIC APHORISMS. (*Hatfield.*) Lowered temperature is found in anæmia, profuse hæmorrhage, collapse, death agony, and sclerema neonatorum, hydrocephaloid, and in children prematurely born. In early infancy there is no absolute relation between organic lesions and the height of temperature observed, for high fever, great restlessness, and even convulsions may disappear quickly, and leave absolutely no lesions behind.

A temperature above 100° (37.8° – 38° C.) during the first four days of life is pathological. The same is true of rise of temperature during sleep.

The morning and evening differences in temperature in the fevers of children are, as a rule, greater than in the adult.

High febrile heat with sudden chilling of the extremities is one of the frequent phenomena of fever in very young children.

Protuberance of the fontanelle indicates hyperæmia of the brain, or exudation into the same, most marked in hydrocephalus. Depression of the fontanelle implies cerebral anæmia, and is found in hydrocephaloid, general atrophy, or the collapse of cholera morbus and Asiatic cholera.

All prenatal diseases, both hereditary and congenital, must be due to either maternal, paternal, or climatic causes, perhaps all combined.

A child nursed for only a few months makes a better fight for life than one entirely bottle-fed, which latter rarely survives more than three months, if fed on city milk.

Any mother who refuses to try and nurse her child during the first two months of its life ought to be held with the doctor as *particeps criminis* in case of its death.

Milk secreted in insufficient mammæ, by a woman not in full health, or by a very old woman, or by a very young woman, or by a woman very anæmic from prolonged convalescence, is incapable of properly nourishing a health child.

Nature has provided a plenary abundance of food for the infant until the third day, and it is directly flying into the face of Providence to fill the new-born child's stomach with saccharine mixtures, gruel, or the milk of quadrupeds.

Syphilis appearing after the first few months of life is generally acquired.

Hereditary syphilis in a mother is more frequently due to the syphilis of the father.

Congenital syphilis is caused as a rule by the mother.

Syphilitic fathers do not invariably beget syphilitic children.

The child of a woman becoming syphilitic toward the end of pregnancy may be born healthy and enjoy immunity from the syphilis of its mother.

OH-DON'T-LOGY.

DON'T forget to remember that this is the time for getting that State paper ready.

DON'T stupefy a gall-stone colic case with an opiate when you may cure your patient with *Calcarea carb.*

DON'T worry about the possible extinction of homœopathy in twenty years. There's many a slip, etc., etc.

DON'T graduate a student from a homœopathic college if he shows symptoms of betraying his *alma mater*.

DON'T make a pretense of being an independent homœopathic college, and yet follow every fashion set by your rival.

DON'T say, if you are a homœopath, that the followers of Hahnemann are physicians first and homœopathists afterward.

DON'T trouble your addled pate to find a specific for a mechanical disease. There is none, and nobody ever said there was.

DON'T prescribe for one symptom, or for a half dozen, no matter how clear. You are to prescribe only on the TOTALITY.

DON'T flatter yourself that the profession holds you blameless if your student adopts allopathy within five years of his graduation.

DON'T neglect in cases of ununited fracture to examine the urine from time to time, for diabetes mellitus is occasionally the unsuspected cause.

DON'T, if you are a professor, use your influence against a former student of yours. That should be a little too far beneath your dignity.

DON'T forget that if you are a man you will be prouder of your mother's name than your stepmother's. This holds good with your *alma mater* also.

DON'T perpetuate that ridiculous distinction between Professor and Lecturer on the medical college diploma—where all labor alike, without remuneration.

DON'T lay the corner-stone of your new college on the same day of your commencement exercises, unless you have a corner-stone to lay. Otherwise the lay is a lie.

DON'T permit your class to say that they care nothing for the recognition of the American Institute; that all they want is a legal qualification to practice medicine.

DON'T be too sure of finding adherent placenta. A noted obstetrician has said that the most experienced *accoucheurs* and mid-wives see the fewest cases of adhesions.

DON'T despair of treatment for epistaxis. It is a cold day when some new one is not projected. Latest is, to plunge patient's feet and hands into water as hot as can be borne.

DON'T quote one or two isolated paragraphs from the Organon in support of your heresy. The d——l is said to quote Scripture in that fashion. Let us have all of it—the totality, in short.

REPERTORY OF THE LUNG SYMPTOMS FOUND IN HERING'S
CONDENSED MATERIA MEDICA.

By EDWARD R. SNADER, M.D.,

Lecturer on Physical Diagnosis at Hahnemann Medical College, Philadelphia, Pa.

(Continued from page 116.)

- HEPAR SULPH.**—Sensation as of drops of hot water, in left chest. Weakness of the chest ; cannot talk from weakness. Spasmodic constriction of the chest, after talking.
- HYDRASTIS CAN.**—Rawness, soreness, and burning in the lungs.
- HYOSCYAMUS NIG.**—Tight feeling across chest, as from over-exertion, running. Exhausted from long talking, body and especially chest weak ; green sputum ; pulse weak.
- IGNATIA.**—Spasmodic constriction of the chest.
- IODUM.**—Sensation of weakness in the chest.
- IRIS VERS.**—Pain in left side of chest, as if the ribs were pressing against the lungs.
- KALI CARB.**—Chest feels weak, faint from walking fast. Pressure, heaviness, anxious feeling. Pain, as if lower right lobe was adhering to ribs.
- KREOSOTUM.**—Anxious feeling of heaviness in chest.
- LACHESIS.**—Burning in the chest.
- LACHNANTES TINC.**—Full feeling in the chest, must inhale deeply.
- LEDUM PAL.**—Burning soreness in the chest, soreness under the sternum.
- LILIUM TIG.**—Full feeling in chest, with distended abdomen. Constrictive sensation in left side of chest, extending to right, with sharp pains running up to throat, clavicle, left axilla, and scapula ; better from changing position.
- LITHIUM CARB.**—Pressure in middle of chest from within outward toward both sides.
- LOBELIA INF.**—Pressure on the chest ; left chest above the nipple. Burning feeling in the chest, passing upward.
- LYCOPodium.**—Continuous pressure on the chest ; raw feeling internally.
- MAGNESIA CARB.**—Oppression of chest. With sensation of constriction. Sensation of soreness in the chest or in the region of the heart.
- MAGNESIA MUR.**—Sudden heaviness on the chest, with oppression of breathing, at dinner. Tension and constriction of the chest.
- MANCINELLA.**—Oppression of the chest.
- MANGANUM ACET.**—Warm contraction extending from middle of abdomen to chest, with nausea. Beating in the chest.
- MERCURIUS.**—Sensation of dryness in the chest. Burning in the chest, extending to the throat.
- MERCURIUS JOD. RUB.**—Constriction across the chest.
- MEZEREUM.**—Oppression of chest, frequent blood-spitting ; piercing pains ; stinging bruised feeling ; worse under left shoulder blade. Phthisis pulmonalis.
- MURIATIC ACID.**—Tension and pain on the sternum.

- NATRUM CARB.**—Burning, soreness in right chest ; loose cough but no sputum ; coldness between scapula.
- NATRUM MUR.**—Sensation and pain in the chest, as from tension.
- NITRIC ACID.**—Uneasiness in chest.
- NITRUM.**—Dull tightness and constriction of chest, as if lungs were constricted from back.
- NUX Mos.**—Weight, pressure on chest, worse on falling asleep at night, or waking from a siesta. Full feeling in the upper part of chest, preventing a deep breath.
- NUX VOM.**—Roughness and rawness in the chest. Pressing in the chest, as from a heavy load. Sensation as if something was torn loose in the chest. Congestion to the chest, with heat and burning.
- OLEANDER.**—Sensation of emptiness and coldness in the chest.
- OPIUM.**—Tension and constriction of chest. Heat in the chest. Blood thick, frothy, mixed with mucus ; great oppression ; burning about heart ; tremor, feeble voice ; anxious sleep, with starts ; legs cold, chest hot ; especially for drunkards.
- PHOSPHORUS.**—Burning, piercing soreness and tension in chest. Pneumonia : dryness of air passages ; excoriated feeling in upper chest ; great weight on chest or tightness ; chest sore, bruised ; well-developed co-existing bronchitis ; hepatisation, especially of lower half of right lung.
- PHOSPHORIC ACID.**—Burning in the whole chest, with pressure. Weak feeling in chest, from talking, coughing, or sitting too long ; relieved by walking.
- PHYTOLACCA.**—Pains and suffocating feeling in throat and lungs.
- PSORINUM.**—Burning, pressing in chest. Feeling, especially under the sternum, as of ulceration of chest.
- PULSATILLA.**—Pain in chest, as if ulcerated. Paroxysms of burning in chest.
- RANUNCULUS BULB.**—Small, sore spot, as from subcutaneous ulceration. (After pneumonia.)
- RHUS TOXICODENDRON.**—Tingling in chest, with tension in intercostal muscles ; worse at rest.
- RUMEX CRISCHUS.**—Burning—sticking or burning—stinging pain in left chest near heart ; worse from deep breathing and lying down in bed at night. (Rheumatism.)
- SABADILLA.**—Pain and oppression in chest during apyrexia. Complaints of coldness, with hot flushes intervening. (Pleurisy.)
- SANGUINARIA CAN.**—Burning in chest ; also stitching ; he lies on the back ; sputum is tough, rust-colored and difficult ; pulse quick and small ; face and limbs cold, or hands and feet burning hot, and cheeks circumscribed red and burning, worse in afternoon ; extreme dyspnœa. (Pneumonia.)
- SECALE CORN.**—Spasmodic shocks, from right half of chest into right arm and right leg.
- SEPIA.**—Sensation of emptiness in chest. Great pressure on chest, more left side. Stitch in left side of chest and scapula, when breathing or coughing. Sensation of soreness in middle of chest. Chest symptoms relieved by pressing on chest with hand.
- SILICA.**—Lungs feel sore.

THE
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No. 5.

FRANK KRAFT, M.D., EDITOR.

THE Missouri Institute of Homœopathy, fulfilling the promises of its indefatigable secretary, had an enthusiastic session. It was made up of papers and discussions that will vie very creditably with those presented at any of its former sessions, as well as with those of any contemporary society. At one of its preceding sessions—date whereof is not now remembered—the discussions drifted away from the matter in hand and invaded the dangerous field of potency and dilution. Here, then, as everywhere else, when the potency question is touched upon, the disputants become almost maniacal in their zeal pro and con. It is the red flag of all homœopathic arenas. Under the wise and equable presiding of President T. Griswold Comstock, no red flag was unfurled any longer than it took to “gavel” it off the floor and out of the discussion. Only once was there any passing breach in decorum, and that but slight, when the President found it necessary to keep a visiting doctor within the bounds of temperate speaking.

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THERE is one question of more than passing interest to the profession, one which came up for adjudication at the Missouri meeting, and one that has obtruded itself quite frequently of late and will not longer down at the command of the secretaries of the societies. It is this: The secretary of a State society, or, for that matter, of any medical society, in order to “boom” his society, invokes the aid of the masters of the profession living outside of his State, in order to bolster up the programme, to pad it out with high-sounding titles and backed up with names that are household words in our offices. The secretary counts upon these names and papers to enhance his work and bring a good attendance to the annual session. Yet he knows very well that there is every probability that the professor of a specialty in Boston will not traverse the country to appear at Kansas City for the sole purpose of reading his own paper. But having loaned his name and contributed his paper to the State society which has so solicited him, a very pertinent query arises whether the absent author of his paper has reserved any rights which the society is bound to respect? In other words, does he resign all right, title, and interest in his paper when he mails it to the aforesaid official, and may he not even direct in which journal of our school he would like to have it appear, if the society has no Annual Transactions published.

WHAT shall the answer be? Bearing in mind that under an unwritten though thoroughly well understood rule the paper of an absent contributor is read only by title, unless the society suspends the rule and admits it, must he wait for the appearance of his work until in the fullness of time, and the scarcity of other copy, his essay is fished out of the copy-box and brought from darkness to light in the recognized organ of the society, which happens to be a rival monthly publication? Is it not scant courtesy to invite famous contributors to spend hours if not days of their time in the preparation of a thesis of acknowledged worth and merit, then, after using the influence of his name and subject, not only fail to read his contribution save by title, but also refuse him the privilege of having it published where it might do him some good as well as the society to whom it was sent?

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IN this regard the Missouri Institute of Homœopathy, we believe, acted unwisely. It was its last official act of the session, and up to that moment the session was one worthy to be termed, as Professor Brady had anticipated, a red-letter occasion, and so far as its homœopathy and its work as medical men and women is concerned, it will so stand notwithstanding its narrow-minded publication policy—its last official act just referred to. A number of journals had spoken to authors of papers sent to the Institute, and had corresponded with the secretary in advance of the meeting, asking for the privilege of publishing some of the papers, promising to return them in good order and in good time for any future use. This request seemed not out of place, inasmuch as the Institute publishes no Annual Transactions. Several of the absent members inclosed return postage with addresses for remailing to certain journals. At first the requests, on being read by the secretary, who was in thorough sympathy with the absent authors, knowing of how much value the papers had been to the Institute, were referred to the Publication Committee; but this body very soon became cognizant of the gravity of the question at issue and refused to decide, so they threw the matter back on the Institute, thus bringing the subject squarely before the house: Shall the authors of papers have anything to say where their papers shall be published?

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IN the discussion which ensued much was said in the heat of debate that was foolish and unwise, and much stress laid upon the sanctity of Missouri for Missourians, the loyalty to Missouri institutions, and the need to upbuild the Missouri Institute of Homœopathy. Several of the most active members stood up bravely for a broader homœopathy and a broader and nobler civilization than that encompassed within the four sides of Missouri. Of these debaters were the ex-Secretary Jones and his successor Cutler. Both of these gentlemen spoke for the freedom of the press and urged the breaking down of the Chinese wall which some members were trying to build. Some other members, however, got on the floor and remembered with much grief how when they had visited the far East,—Boston, New York and Philadelphia,—they were looked upon as little less than barbarians hailing from the "wild and woolly West"; and consequently they were snubbed and looked

down on. For their part they proposed to show the East that the Missouri Institute of Homœopathy was an enlightened body of practitioners who did not need the aid of their journals to help the Institute out; and that the citizens of Missouri were a progressive people, in the van of civilization. And they at once proceeded to put up a five strand barbed-wire fence around this Institute, with "Keep off the Grass" at frequent intervals over the secluded society—so that no journal could have a paper which had been contributed to the Institute save and alone the Missouri journal which had been created the official organ.

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THIS was the sentiment—as we happen to know, from having been in attendance upon the meeting—of only a few of the Hotspurs of the society; but owing to the lateness of the hour, the desire to cut short the hotel bill, and "do" the town before train time, it was voted on and decided that the papers contributed to the Missouri Institute of Homœopathy are the absolute property of the Missouri Institute of Homœopathy, to be given to no other organ except the Missouri organ, and so it appears of record. Some of these advance homœopaths, who were opposed to the building of this barbed-wire fence, came to the editor of this journal and offered to let him have such papers as he might select, and so likewise did the able and courteous editor of the official organ; but the act would have been a mere matter of favoritism, in distinct contravention of the recorded will of the Institute, and the editor declined to take any paper.

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WE have taken the position on a former occasion, in this journal, that an official organ, being simply one public medical journal, supported by popular subscription and advertisement, is a blunder. And with but one exception we do not know of another reputable homœopathic journal that will sail under such a flag. If homœopathy were the exclusive property of Missouri, and if the contributions to the Missouri Institute of Homœopathy were alone from members within its own borders, then the doctrine of State Rights might have prevailed—before the war; but it is a little late in the century to spring that old "chestnut" on the profession at large. It did not seem to us to be the proper way to convince the effete East that Missouri was not a "wild and woolly West," and its inhabitants barbarians. We sincerely hope that the efficiency of no homœopathic society may be impaired by the action of this State society; but if we mistake not the temper of the times, the incoming secretary of the Missouri Institute of Homœopathy will find it a little more difficult to interest foreign (non-Missouri) physicians to help swell the programme, and enhance his meetings, than did his immediate predecessor. In short, an absent author, one who resides out of the State, has, in our estimation, some rights which are not resigned with the mailing of his MS.

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WE are pleased to learn from General Secretary Dudley of the American Institute of Homœopathy that the rumor afloat a few weeks since that the International Homœopathic Convention would prove a failure is false; and so also is that companion rumor

that the Institute session would have to be postponed to September if it desired any visitors from abroad. The secretary assures us that all preliminaries are attended to by our English brethren, announcements being now in process of issuance giving data, particulars, etc., etc. Perhaps the rumor which was rife in Chicago concerning the probable failure of the World's Homœopathic Convention at Atlantic City, because the Institute's representative at London was snubbed and not properly recognized, was the result of a bit of Western jealousy ; and the further rumor that defrayment of expenses of some of the foreign members was so strenuously insisted on was also the materialization of Chicago's ill-will because the International was not postponed to meet in Chicago during the Columbian period. And yet there have appeared from time to time in one if not both of the London Homœopathic journals editorial statements which might fairly be interpreted as inimical to the proposed convention. However, the statement of Bro. Dudley, who is surely in a position to know, sets all the rumors at rest, and we are glad to announce that every effort is being made by our Philadelphia friends to make this coming session of the Institute and the World's Homœopathic Convention one to be long remembered. Don't forget the *Materia Medica* day and that other day devoted entirely to Therapeutics.

THE OPEN COURT.

THE ORGANON OF HOMŒOPATHY.

A short time preceding his death, the Hon. Alex. H. Stephens entertained a State Sunday-school Convention at his home-
stead. Among other things he said, speaking of

THE BIBLE OF HOMŒOPATHY.

The following is an imaginary address to a class of prospective recent graduates, delivered at a commencement exercise by one of the Fathers in the Faith :

MODERN RATIONALISM :

"Never before, perhaps, as I have said, were the great truths of the Bible, from Genesis to Revelation, more powerfully assailed than at present. Those who lead the assault are the Rationalists referred to. They are also known as Materialists in philosophy. They are indeed philosophers of a high order, and many of them have done a vast deal toward the advancement of physical science in this day and generation ; but upon the subject of religion, or

MODERN HOMŒOPATHY.

"Never before, perhaps, as I have said, were the truths of the Organon, from paragraph 1 to close, more powerfully assailed than at present. Those who lead the assault are the scientifics referred to. They are also known as Homœopaths in Medicine. They are indeed philosophers of a high order, and many of them have done a vast deal toward the advancement of physical science in this day and generation ; but upon the subject of Homœopathy, or man's

man's relation to the Deity, they have done and are doing infinite mischief. These writers, among whom may be named Compté, Huxley, Spencer, Darwin, and many others of the same school, you may be assured are making a deep impression on the thinkers of the age. Their disciples are numerous, including men, and women, too, of minds of the highest order. This fact is not to be ignored. The assaults of this school are to be met and their sophisms answered and confuted by the Sunday-school—by upholding and sustaining, as it is your mission to do, the plain and simple and spiritual truths of the Bible."—*Ex.*

relation to Medicine, they have done, and are doing, infinite mischief. These writers, among whom may be named A—, B—, C—, D—, and many others of the same Institute, you may be assured are making a deep impression on the doctors of the age. Their disciples are numerous, including men, and women, too, of minds of the highest order. This fact is not to be ignored. The assaults of this class are to be met and their sophisms answered and confuted by pure Homœopathy—by upholding and sustaining, as it is your mission to do, the plain and simple and eternal truths of the Organon."

HEADACHE.*

By W. B. CRAFT, M. D.

Synonyms, Cephalalgia or Cephaloga.—It is not possible for me to give you, in a few words, a complete treatise on headache. I will, therefore, merely describe the most common types of this malady.

It has been my good fortune, of late, or perhaps a misfortune of the patients, that I have been called upon to prescribe for a few cases of "headache" which have been somewhat interesting to me.

Many forms of headache are symptomatic of some organic disease. A great many cases are met with in which no cause for the headache can be discovered, and in which the pain is the only symptom. In these there must be some disordered state of the sensory nerves within the cranium, but just what the nature of the abnormal condition is, it is impossible to decide.

The character of the pains in headache is various. In some cases there is a violent general pain over the entire head; in others the pain is localized in one particular spot. Patients sometimes describe the head, as if it were splitting open, or again as if it were being compressed. The pain may involve one side of the head alone, or it may be only in the back of the head, and we frequently find the pain in the top of the head, especially in cases of women who have uterine disorder.

* Read before the Northeastern Homœopathic Medical Society.

In nearly all varieties of headache the pain is aggravated by noise or strong light, and any movement of the patient increases it. As for instance, sneezing, or straining at stool adds to the suffering. Accompanying the headache is a variety of other symptoms. Some of them are nervous while others are not.

There are often disturbances of vision, such as bright spots or zig-zag before the eyes, ringing in the ears. Sometimes nausea and a feeling of great prostration.

The duration of an attack of headache varies from a few minutes to days and even months. You sometimes find a patient who says she has not known what it is to have been without pain in the head for years. I will here name a few varieties of headache most commonly met with :

Anæmic Headaches.—The pain is of a dull kind ; often diffused in all parts of the head, but most frequently in the vertex or temples. It occurs in weak, thin-blooded persons, and is relieved by the recumbent position. Women are the most common sufferers from this form, and uterine disease, or disorders of menstruation, are connected with it. Anything which exhausts the nervous system, like over-study or anxiety, loss of rest and sleep, is likely to bring on an attack.

Congestive Headache.—In this variety of headache, which is common, the pain seems to affect the whole head, and is of a dull, throbbing character. The recumbent position aggravates it, as does coughing or straining. The face is flushed, eyes suffused, and arteries throb violently. Sleep relieves the pain for a time, but as soon as the patient moves about, or exercises the mind, the pain returns. This form may come in regular paroxysms.

Toxic Headache, or headache produced from the introduction of various kinds of poisons, such as alcohol poisoning, tobacco, lead when retained in the system, produces this kind of headache. Opium, uræmic absorption is of the same nature. Pain is dull, deep-seated, and often intense, and is supposed to be in the sensory nerves of the dura mater.

Rheumatic Headache is often violent, and the pain is located in the head muscles. It is found in rheumatic subjects. It is brought on by exposure to colds, and increased by damp changes in the weather. In *acute* rheumatism the headache is intense, associated with the gouty cachexia, and is accompanied, usually, by depression of spirits, and sometimes vertigo.

Sympathetic Headache is generally connected with disorders of the digestion and sexual organs. The headache of ovarian disease is easily diagnosed, and most of us have experienced the pain associated with gastric disturbance. Straining of the eyes will produce this kind of headache, and should be mentioned in this connection, and deserves

careful consideration. Many persons have suffered for years from headache from this cause without its being suspected. The fact has been long known to oculists that disorder of the refractive apparatus of the eyes would give rise to cerebral discomforts and pain, but it does not occur often enough to physicians to look to defects of the eye to explain headaches whose cause was obscure.

The points I wish to bring out, are :

First, that many headaches are caused indirectly by defects of refraction or accommodation.

Second, that in these instances the brain symptom is often the only prominent symptom of the eye trouble, so that there may be no ocular pain, but the strain of the eye muscles is expressed solely in frontal or occipital headache.

Third, that, in many cases, the eye trouble becomes suddenly injurious, owing to the breaking down of the general health, or to increased sensitiveness of the brain from mental or moral causes.

I wish now to relate a case which came under my care, which I diagnosed as *sympathetic headache*, caused from an eye trouble :

Miss H., aged eighteen, rather robust, strong and hearty. Worked in a book-bindery. Menstruated first at the age of thirteen. Did not menstruate again for one year. Was then regular after that time, but menses scant. At the age of sixteen she was taken with severe paroxysms of pain in the head ; as she termed it, severe headaches, lasting from one to three hours at a time. At first she would have these spells once a week, and they gradually increased in frequency until she would have them every third day. She consulted an old-school physician, and he diagnosed her case as "malarial headache," and gave her, as she said, quinine, without relief. He treated her for one year. At the end of that time she was no better. She came to me for treatment the following fall. She complained then of having sharp, darting pains through her temples, accompanied with nausea and vertigo. Upon examination I found that she had not menstruated for six months, and that when reading the newspaper the lines and letters would all run together. I examined the eyes and found the pupils dilated, the muscles of the eye tense, and a total blindness of the left eye. I prescribed for her and told her to consult an oculist. I sent her to Cleveland to Dr. Phillips. He did not think anything could be done to restore sight, and diagnosed it as atrophy of the optic nerve. She continued to take medicine for about three months, at the end of which time she could not see out of either eye, and the pain and headache stopped. She has not had any headache since. I continued to treat her to restore menstruation, and about four years afterward she commenced to menstruate, but not regularly, but about every two or three months. About

one week ago I examined her eyes, and she thought she could see a little ; enough to tell daylight from dark.

CASE II.—Mrs. R., aged twenty-six. Mother of two children. Youngest three years old. Never subject to headaches. Always regular in menstruating. Called at my office last December, and complained of severe headache and said she was afraid she was coming down with a fever. She stated that she was sure she was going to be sick. I prescribed for the headache, and asked her to report in one week. She did so, and reported her head as no better ; if anything, worse. I questioned her in regard to her general health, and found it in good condition. I next asked her in regard to her monthlies, and she said she had passed over her time about two weeks, and thought she might be pregnant. I said to her, " If that is the case, it will be some time before you are relieved of your headaches," but prescribed for her again, with instructions to report as soon as medicine was taken up. She reported again, at the end of two weeks, and was no better,—worse, if anything,—but continued to take medicine. The pain kept increasing up to the seventh month of gestation, and then continued on until confinement. She gave birth to a girl baby about three weeks ago, and in *ten minutes after the child was born the pain left her head, and she has had no return of it since.*

MEDINA, O.

NON-MALIGNANT CUTANEOUS EXCRESCENCES.*

By R. N. WARREN, M. D.

I HAVE been informed by your secretary that I am expected to write an article on the subject of Non-Malignant Cutaneous Excrescences, and read the same before this Society, the 15th of April, 1891. I am happy to inform you that the subject just suits me for two reasons : First, I know but little in regard to the subject from experience. Second, I can find but little in my text-books on the subject, consequently it will take me but a short time to write a paper and tell all I know about it. But as we meet to-day for mutual improvement, possibly something can be said about Cutaneous Excrescences that will draw out the experiences of others until we have a fund of knowledge large enough that we may all learn something and feel that our time has not been entirely wasted.

In speaking of Cutaneous Excrescences, I do not believe it will be for the good of this society to write a lengthy article on their etiology, pathology, diagnosis, or prognosis, but simply give you my experience briefly as to their treatment, together with a few " sure cures " which I have seen published from time to time in the various journals and magazines.

* Read before the Northeastern Ohio Homœopathic Medical Society.

One of the most frequent and troublesome of these non-malignant cutaneous excrescences is *corns*. They are usually caused from ill-fitting shoes, either too large or too small—oftener too small than too large. I think a good name for a corn would be a *chronic bruise*. Dr. Rud-dock advises arnica, thirty drops to a wine-glass of water, or arnicated corn plaster, both for external use ; easily fitting boots, washing feet often, and a frequent change of stockings. Internally Cal. carb. and Sulphur as the principal remedies. My own experience is not large. Internally I would advise Calcarea fluorica, 6th ; dose, one powder three times a day, and then proceed as follows :

Remove pressure ; soften the corn by means of warm water ; scrape or pare it down a trifle and apply Liquor potassa, pure, twice a day for a week or more. I believe I have had more marked results with this remedy than any other. My second remedy is Nitrate of silver, say 20 gr. to the ounce of water, applied in like manner ; soaking foot in hot water and removing the hardened cuticle occasionally. A poultice made of pure cider vinegar and breadcrumbs, applied every night for three or four nights, will soften hard corns so that they may easily be removed. What is it these street corn doctors use that softens the corns at once so that they pick them out immediately ? Is it nitric acid ?

Bunions may not properly be called excrescences, but I have just a word to say, nevertheless, for indeed they are a very painful affection. Causes—narrow, pointed shoes or boots ; boots too short. Symptoms, pain, redness and swelling of the part, which becomes almost unbearable unless the pressure is removed, often being aggravated by damp, moist, cold weather.

Treatment.—Remove the cause ; if possible, give the foot rest. Paint with Verat. viride tincture, which will give great relief in many cases. Agaricus, either pure or diluted with soft water, equal parts. Especially if the feet have been frost-bitten ; also internally. Iodine and alcohol, equal parts, make also an excellent application. Nit. of silver, ten to twenty grains to the ounce of soft water, is very valuable. Soap plaster highly recommended as a sure cure. Keep the toes apart by placing cotton between them—a good fitting shoe or boot of soft leather all important. My paper is like a dictionary—a change of subject comes often.

Warts are another very common cutaneous excrescence. For large, black-looking warts, often called “ seed warts,” and warts inclined to be pedunculated, give Thuja every time. Calcarea carb. for those young persons who have many warts—blondes, fair hair and blue eyes. Dark complected, dark hair and eyes, Nitric acid is the remedy to think of. Rhus tox., externally and internally, not to be forgotten in some subjects.

Externally.—My first choice is usually dilute Nitric acid or Chromic

acid. If Chromic acid, use from 2 to 6 grains to the ounce soft water. Nitric acid about the 1st dilution, prepared with pure soft water.

"Sure cures": Sulphate of magnesia, 3 to 10 gr. doses twice a day. Castor oil applied once or twice a day for a few weeks. Collodion, one ounce; Corrosive sub., fifteen grains; mix. Apply once a day.

Charms—said to be wonderfully effective: The most successful one when I was a boy was to rub them with a bean, a bean for each wart, and then throw the beans in an old well.

Warts of enormous size are seen occasionally. If Dr. Royer, formerly of this place, were here to corroborate me, I would tell you of a large one which came under my care some years ago. The case was under treatment for cancer by a female "cancer doctor." I was called and diagnosed it not a cancer, which made much commotion in the family. Dr. Royer was called in consultation and agreed with my diagnosis. The cancer doctor had an enormous hole eaten into the patient's side about as large as a saucer, and yet the cancer had not fallen off. I finished the case with poultices until I could remove the wart without much cutting. The wound healed kindly and the old lady, now about seventy-five years old, is still living and in excellent health.

Carbuncles usually occur in middle or advanced life. The patient is often broken in health before carbuncles make their appearance. Therefore this often proves a serious complaint. Many, very many remedies are recommended in our text-books for this trouble, according to symptoms. But I must confess that I do not always strictly follow symptomatology in these cases, as the patient is usually in poor health, showing much debility. I use Iodide of arsenic, 3d trituration, in almost every case I am called to treat; also give cod liver oil, one teaspoonful three times a day. Other remedies which may be required, so far as my experience goes, are: Lachesis, Hepar sulph., Mercurius sol., and China, according as I believe them indicated by the appearance of the sore, and symptoms of the patient.

External treatment.—No crucial incisions, but cupping and strapping are favorite measures with me. Let the cupping glass be large enough to cover the entire tumor. Exhaust the air in the glass by means of burning alcohol or turpentine. After cupping thoroughly, strap the tumor with surgeon's plaster, covering the entire tumor, with the exception of the summit or openings in the tumor, letting the plaster extend for two inches or more on to the sound flesh at base of the tumor; repeat daily for a few days, and possibly you will be surprised to see how rapidly the tumor will disappear, provided you have never treated them this way before. The favorite location for a well-developed carbuncle seems to be on the back of the neck. I would ask this society for a scientific explanation or reason why they usually make their appearance in that location.

WOOSTER, O.

SOME THOUGHTS ON THE FIRST VOLUME OF THE CHRONIC DISEASES.

No. 12.

By S. LILIENTHAL, M. D.

IN 1789 Hahnemann published his dissertation on venereal diseases, and then, § 437, he speaks of a *venereal itch*. It is only on those parts of the body that are covered by other parts, in the flexors of the elbows and knees, that they are somewhat painful and exude more moisture.

Carrol Dunham, in the fifth volume of the *American Homœopathic Review*, June, 1865, makes some pertinent remarks on scabies. He says : The acarus was only detected in 1834, and what is found respecting itch, in medical works anterior to 1834, is to be understood as applying equally to eczema, lichen, prurigo, etc., and it must be borne in mind that, among all the cases described in many such works, there *may* not have been a single case of what we call *true itch*, itch characterized by the presence of the acarus. But Hebra's experiments showed that, like all other cutaneous affections, there is for scabies a prodromal stage of a week, and there is a constitutional disturbance before the vesicle shows itself. A similar affection is *morbæ peduncularis*, and of this Wilson says : "When called upon to account for their persistent reproduction on *certain* persons, while *others*, quite as likely to come within reach of their ova, are not infected at all, we are obliged to assume that the skin and excretions of certain persons, by *reason of some constitutional peculiarities of these persons*, furnish a favorable soil for the development of the ova and the resultant insects."

Looking over diverse works on physiology and pathology, we see most valuable chapters on formed material, but very little explanation is vouchsafed to us what life, what life-force is ? We know it only by its action on matter, and when everything runs smoothly we call it health, and when something goes wrong we call it disease ; and what is this unknown something which rules our destinies, and allows one person to enjoy life with uninterrupted health, while others from infancy up to death are doomed more or less to struggle through life. There are secrets which we cannot penetrate, and so far life-force and the beautiful action of highly potentized agencies expect yet their solution.

SAN FRANCISCO, CAL.

ACCIDENTAL PROVING OF ARSENIC.

By FRANK NANKIVELL, M. D.

IN May, 1889, Mrs. T., æt. thirty-seven, consulted a well-known London physician, and received the following prescription :

R Arsen. alb. 2x.....	3 ij
S. V. R.....	3 ij
Sig. Seven drops thrice a day after meals.	

She was suffering from ovarian neuralgia, and the treatment proved effectual. The medicine was taken for about a week, and seems to have produced no bad results. The neuralgia, however, recurred a short time ago, when she was not in a very satisfactory condition of general health, and she obtained a fresh supply of the medicine, and took it as ordered for ten days. At the end of that time she sent for me, and I found her in bed with a hurried, hard, rather small pulse, and anxious expression of countenance. There was a constant feeling of uneasiness in the cardiac region,—“as if there were pressure inside the heart,” the patient described it,—and frequent and rather severe attacks of palpitation. There was diarrhœa, six motions having been passed during the day; they were preceded by griping, and there was a more or less constant burning sensation referred to the hypogastrium. Itching of the lower lids had been complained of for two or three days but the patient did not at the time suspect that it was due to the medicine; for the last day or two itching was also felt in various parts of the body. The state of the eyes was peculiar. They were glazed and dull-looking, and there was some dimness of the sight; but there was none of the lachrymation or “ferretty” appearance peculiar to arsenic. Slight nausea was felt after each dose, but as the dose was taken after a meal it was at first supposed to be due to indigestion. The state of the tongue, which was covered with a thin grayish coat, and the slightly metallic taste, was supposed to strengthen this theory.

Much palpitation and cardiac distress was felt for a week or ten days, during which it was necessary to keep the patient absolutely quiet. There was no cardiac anxiety, but a distressing feeling of pressure or distension. The attacks of palpitation seemed to be benefited by aconite *rx*. On my second visit I found that there had been hæmorrhage from the vagina, which, however, was not repeated after the first day; this occurred just midway between two menstrual epochs, and must have been due to the arsenic. The diarrhœa ceased at once on stopping the medicine, and the only symptom that persisted any time, save of course the cardiac symptoms as above, was the irritation of the eyelids. The amount of arsenic taken daily was $10\frac{1}{2}$ drops of the 2d decimal dilution, or 105 drops in all. This would be equal to 126 drops of liquor arsenicalis, 3 ii of which contains 1 grain of Potassæ arsenitis.—*Hom. Review.*

THE BRAIN DANGERS OF QUININE.

By WM. B. CLARKE, M. D.

(Continued from page 138.)

AN item in the *Medical Visitor* reads: “At the January meeting of the Clinical Society of Hahnemann Hospital, Chicago, the subject of la grippe was discussed by the prominent homœopathic physicians of

the city. Not a member indorsed the quinine or antipyrin treatment—in fact, many spoke of the unusual mortality following such treatment. The members present had not lost a single case, although the death rate in Chicago for the month was doubled.”

That my opening views and claims are neither new nor original is greatly in their favor. The facts here presented could be added to voluminously, and that they have stood the test of scientific scrutiny many times ought to be a sufficient guarantee to the general public—and so it would were they generally known. But to such a pass has the blind and truckling adherence to a mythical, antiquated, and largely nonsensical ethical code arrived, that the great mass of physicians stand on the fictitious ground that they have no right to openly and publicly enlighten a community in sanitary or medical subjects, lest they be accused of trying to advertise themselves—“exploiting” is the favorite recriminative term—and hence it is that much that the public should know, and authoritatively know, from the physicians is hidden away on the dusty shelves of unused medical libraries. So when a forcible article does get into a newspaper I feel like commending it, for it is the primal duty of every true physician to *prevent* disease and suffering, contrary to the popular belief, and secondly, to accomplish their cure or relief if he can. Therefore, I present a clipping from the New York *Sunday Mercury* six years old. I regret that “the code” would not allow its author the courage of his convictions, so that we might know his name and the public know that it was not an imaginative figment from some enterprising reporter’s brain, but it depicts a case of cinchonism, or the general dangers of quinine, so clearly I feel impelled to use it :

“On Thursday afternoon a long and magnificently appointed procession started from one of the most elegant residences on Madison Avenue, moved slowly down the thoroughfare of fashion, skirted Madison Square on the east and south, and crept with decorous pace down Broadway. It is a long journey to Greenwood, and, in many particulars, a tedious one for all save the person principally concerned. The deceased was a man who ought still to have been in the meridian of his strength. Only forty-one years old, and in opulent circumstances, no troubles of business had prematurely sapped his nervous and vital energies. He died of no specifiable disease ; but for the last two years, as a prominent physician expressed it, had been like a man failing of old age—feeble, decrepit, nervous, incapable of enduring strain—in short, an old man in all save years. ‘And now, my friend,’ said the doctor as he walked down the avenue with the *Mercury* reporter, ‘you have seen the end of at least one case of a habit more common by far than the habit of morphia; more dangerous, not less rapid and insidious in its ravages, and quite as difficult to break. I speak now of the qui-

nine habit,' emphasized the doctor. 'You seem surprised; but I tell you frankly that, to-day, in this city, the habit of taking quinine in stimulant doses is as common as that of morphia; and, within the last year, has sapped more constitutions, brought more victims to the grave, either by suicide or natural failure of the vital powers, and destroyed more brilliant prospects than all its congeners put together—the alcohol habit possibly excepted. I say either by suicide or natural failure premeditatedly, because it has been my observation that no drug in the materia medica, no narcotic or stimulant operates so rapidly in the production of suicidal predisposition. I could mention at least six suicides that have come under my notice during the last year, which were traceable to nothing else. To the friend and relatives of the dead they were inexplicable. Only a month ago a friend of mine was found dead in bed with a napkin pressed closely to his nostrils with the stiffened hand, and that faint, peculiar, sickening smell that all physicians are so familiar with pervading the room. But thirty-five years of age, in good business, with a splendid income and an amiable and pretty wife whom he devotedly loved, what was the cause? What inexplicable reason had he for lying down deliberately to inhale a vapor that he knew was death? For two years he had been addicted to the use of quinine in regular doses as a stimulant; and it is a peculiar feature of that drug, that, while it serves the purpose brilliantly for a few months—a year or more sometimes—the day inevitably comes when it produces a nervous depression that is intolerable, perfectly maddening and desperate. When the crisis arrives in the inevitable progress of constitutional undermining, it is totally ineffectual to enlarge the dose. The victim may sleep, but gets no comfort from slumber. Ghastly, terrible, unnatural and morbid dreams vitiate the rest that sleep brings the healthy. I have had strong men who were victims to the habit tell me that they dared not sleep. They wander about over weird and terrible landscapes; know they are asleep and dreaming, would give their lives almost to awaken, but cannot. Pretty soon after these symptoms appear, either the predisposition to suicide develops itself, sometimes with the sudden leap of the tiger from the jungle, or the nervous and physical energies rapidly give way, and death from exhaustion follows in a few months. When this stage has come it seems to be in vain to try to break the habit, and it would be in vain, perhaps, if it were broken, for the very foundations of life have already been sapped, and the end is speedy and certain in any event. In the course of the last twelve months I have seen no less than twenty-one cases of the quinine habit in which the stage of vital failure had already set in. In seven, with untold suffering, mental and physical, the habit was finally conquered; but two died within three months, and the other five are practically done with life. They will never be men again. The other

fourteen, after struggling heroically for a while, gave up the contest exhausted, and frankly confessed that they would rather die of quinine than of the effort to get rid of it.

“Did it never occur to you to inquire why it is that the consumption of quinine has increased so tremendously during the last five years? Did you suppose it was because doctors prescribed it in such immense quantities for malarial complaints? Not at all. Ask any professional druggist who his quinine customers are, sick or well people, and I guarantee he will tell you that he sells sixty grains over the counter to every five compounded behind the prescription screen.

“Quinine has three properties, you know. In small doses it is tonic, in medium doses stimulant, in large doses, potently sedative. Once contracted, for the first six or eight months the habit is very seductive, rendering the intellect clear and brilliant, the nerves steady and tense, the wit quick and vivacious, the spirits equable and vivid. But presently it begins to be followed by another effect—an intense, desperate, unreasoning, quickly excited and ungovernable irritability of temper, a murderous mood, as dangerous in its outbreaks as epilepsy. The victim flies mad at a word, disagreeable or pleasant, and were the weapon at hand on the instant, would cut or shoot as quickly as a madman. There are hallucinations and delusions, generally auditory, sometimes optical. The victim hears voices, noises within his own head, and a sudden sound striking upon the drum of the ear produces a quick and agonizing pain in the back of the head. He now resorts to larger doses, and for a little while they prove efficacious. But this period never lasts more than a few months, and then the habit is *vis-a-vis* with a condition of affairs that is worse than death. He suffers on, drags out life a little longer in enfeeblement and mental torture, then dies, either by suicide or asthenia. Among women of fashion the habit is very prevalent, and let me tell you there is such a thing as quinine drunkenness. Ladies prefer it to morphia, because its effects are not physically noticeable until the collapse comes. It brightens the eyes without contracting or dilating the pupil. The complexion becomes lucid, beautiful, with a faint pink suffusion and an abnormal freedom from spots and pimples. It lends a softness, gloss, apparent luxuriousness and beauty to the hair that no cosmetic can accomplish. In short, adds immeasurably to the powers of fascination, by the gentle, agreeable, vivacious intoxication it imparts to the whole being. My impression, both from personal experience and comparison of notes, is that the habit is more common with women than with men; and curiously enough, owing to their more glandular temperament, it kills less rapidly.’

“Going on to explain something of the rationale of the action of the drug, the doctor attributes many of its disagreeable consequences to the sulphuric acid in combination with it, which gradually produces an

extreme sensitiveness to cold, with symptoms of hysteria in both sexes alike. But *per se*, from experiment, it is an ascertained fact that the alkaloid alone is destructive to life, rapidly altering the constitution of protein compounds such as albumen, and causing the colored corpuscles of human blood to decompose into numerous minute particles—resembling in this particular nicotine, morphine, alcohol, atropine, and other toxics. In very large doses it produces a peculiar species of drunkenness, in which the victim is perfectly unconscious of what he is doing, and lives for hours in a condition similar to the trances of mesmerism. ‘The quinine habit is now rapidly increasing among the higher classes of society,’ concluded the doctor, ‘and it is time the note of alarm was sounded.’

“Other physicians, with whom the reporter conversed, confirmed the statements above given, and one very distinguished neurologist has gone so far as to say that he believes suicidal and homicidal impulse to be more frequently due to the quinine habit secretly indulged than to any other cause.”

INDIANAPOLIS.

PROPHYLAXIS, OR ANTICIPATIVE TREATMENT.*

By G. W. BOWEN, M.D.

THE Bible says, all that a man has will he give for his own life. It will be hard to find a doctor that will implicitly believe this. Lawyers doubtless will. In so far as we extend our inquiries and efforts to shield the community or an individual against an acquired or expected disease, we work against our personal and fraternal interest, and yet the public seems to entertain the idea it is a duty we are obliged to perform *volens volens*. True, it is in our province to do much to ameliorate the social condition of the public masses, not alone in guarding against an anticipated chill, fever, colic, or spasm, but to protect them against contagious or infecting disease that may be prevailing or expected. In doing this we are giving prophylactic treatment, or insuring against the future.

This every physician does, or is expected to do. How far or to what extent this is or can be done shall be my effort to demonstrate. In reviewing this subject appearances seem to indicate that we will be forced to recognize an elementary law that will work inversely, and one that, if fully comprehended, will aid us materially in the selecting of medicines for groups of symptoms that in certain conditions are very liable to be presented. But in so doing it may necessitate our recognition of pathology, or types in diseased conditions. The intelligent

* Read at the twenty-fourth annual session of the Indiana Institute of Homœopathy, Indianapolis, May 15, 1890.

public does realize that certain symptoms will of necessity relegate the case under a certain generic name or class, and can we do otherwise without an apparent assumption of ignorance?

We are well aware that drugs will cause a certain group of symptoms and will cure their similars, and not only that, but, when judiciously given, will present similar symptoms' advent or appearance in the system.

Now if we can subscribe to this, and admit it as an incontrovertible fact, why not pay more attention to anticipative treatment and prevent what may or will ensue. This we can and often do, many times unconscious of that law or natural sequence that we all realize must exist.

That law says, what will produce will cure; what will cure will prevent. Enough evidence can be found to prove this to be true. We have not observed or applied prophylactic treatment long enough to be fully conversant with its application in all cases. Time and observation will enable us to be more specific in our selections for the prevention of many expected ills. Vaccination did prevent the acquisition of a serious disease, but it will not do it now, for its prophylactic powers are inert, and no longer furnish the slightest protection. Hahnemann presaged or gave us the key to this plan, in his selection of Belladonna for a group of symptoms or type he designated or recognized as scarlet fever, and in his recommendation of Camphor and Veratrum for cholera. Symptoms that were typical of a type or generic form. True, his choice was made from the evidence as compared with the drugs or medicines selected.

Since then, other applications have been tried and sufficiently verified to entitle them to be placed in the category of certainties. Call them discoveries if you please, but utilize them if their title to validity shall be established.

Remember, we have many thousands using the same set of tools, and if some shall use one for a purpose it was not intended for, and thereby surpass his or our expectations by the achievement of results unexpected, do not elevate your hands in holy horror at his innovation, but note it down and try his plan if nothing is to be lost by the trial.

By so doing progress will be made befitting of the age.

Granvage says, that if you give a few doses of Arnica two or three days before an expected confinement there will be no danger of a post-partum hæmorrhage.

This I have tried, and found it a perfect success for more than ten years resulting in an almost bloodless birth. This is prophylaxis, and does obviate that especial danger. It is not necessary to reason how or why it does it, but its action and effect must explain the why. We know that Aconite will produce a super-excitation of the nervous

system and produce that form of disease known and designated as neuralgial. It will prevent that condition from being developed, and thus effectually guard against what might occur. It does and will keep the nervous system in a passive and quiescent state. Melilotus has many times produced fearful epistaxis. It will not only cure it, but will prevent the possibility of its occurrence.

Drosera will shield and protect a child against the acquisition of the whooping cough, even though others in the same room may have it. Pulsatilla is equally as effective in the case of measles given, of course, as protecting medicines must be, before its advent. One dram of Arsenicum (sixth cent.) given to a child in May or June, will positively shield a child for that summer against cholera infantum, unless some egregious error in diet is made, such as giving it beer and cabbage or green apples. Belladonna will prevent the formation of calcareous deposits in the gall duct, kidneys, or bladder—due to its capability of dilating every constricting muscle and thus preventing the retention of nuclei or focal start.

Some medicines cannot accomplish as much alone as they can by having an assistant that will seem to harmoniously join issue for the resultant good. This is not inconsistent provided they are both allowed their legitimate sphere of action.

Belladonna and Bryonia will not only cure spinal meningitis, but will prevent its occurrence.

Aconite and Bryonia cure pleurisy, pneumonia, and congestion of the lungs, and if given as a prophylactic, when the patient is well, will protect the person for a year against those and kindred disease. Bryonia and Nux vomica given to a person in the spring, will render it impossible for him to have a bilious attack that season if he treats his stomach fairly.

Bryonia and Rhus tox., taken night and morning for one or two weeks, will remove the prospects of suffering and expense from rheumatism or typhoid fever for that year.

Delirium tremens can be cured in from one to six hours with a few drops of the tincture of Nux vomica, but the third or sixth will not do it until the snakes have devoured him, as he has departed for sheol. The third or sixth dilution will effectually destroy his craving for liquor or tobacco.

This much and possibly more can be accomplished in the line of anticipative treatment, for those who may be near and dear to us, but to make a specialty of carrying it into general practice would render us liable to eventually live at the expense of the State or county.

But to thus advance before the flight of time and mold conditions before they come, and bid them be congenial to our wish and will, means must be used that will be approximate to meet the needs that are re-

quired. Resistance or opposing force is one of the laws of nature that must be taken into consideration.

Material as evidenced in the human form must be acted upon, and through natural means. Medicines cannot reach or act on the spirit, the soul, the immortal part direct ; they must, if at all, be influenced by and through the physical or mechanical structure.

Psychical, or psychological treatment aims to reach the body and impress it beneficially through the spirit or Divine attribute, and, with the exception of an apparent use of physical means, is almost synonymous with efforts made for restoration by faith alone.

It is apparently impossible to reach something through immateriality. And yet claims are made of effects accomplished by psychological treatment that far surpass aught ever achieved by medical aid before, as evidenced by this typical case :

A young lady, twenty years of age, had so little gift for spoken or written improvisation, that before writing a letter she was compelled to make one or two copies of it. I gave her, unbeknown to her, a dose of Pulsatilla 200, indicated by the totality of the symptoms. A few weeks later I heard that she was writing her letters without preliminary outlines or copies. And this effect of the remedy has now lasted two or three years, and may continue indefinitely. Gentlemen, will Pulsatilla 200 supply a defect in education ? Dr. Gallavardin claims it did. Not being a spiritualist, nor yet a disembodied spirit, I cannot ride the clouds and bask in the genial light of eternal sunshine, to drink inspiration from the fountain of paternal knowledge, and learn to reach and cure the ills of finite beings through their moral attributes by the use of the 100,000th part of a medicine that cannot possibly mitigate a human wail of woe. And not wishing to be a soul-searching wanderer on the border land of uncertainty and insanity, my efforts shall be, while still endowed with a kinship to humanity, to seek for causes that may disqualify one from participating in the usual avocations and enjoyments of life, and remove results that may emanate from those causes. This can be done, and by means that our scientific acquirements will enable us to comprehend.

It is not without grave fears and with apprehension of its reactive ill results that we see honorable members of our school of medicine led away by the infatuating delusion, one that leads them to infringe on the domain that legitimately belongs to our moral instructors, and presume to claim the ability of remedying physical defects, resulting from material cause, by the use of medical substances given specially to act on man's moral attributes, and thus reach and remedy his departures from normality. This would seem from scientific or reasonable reflection the height of absurdity.

Psychology has no place or connection whatever in the sphere of

medicine. And here let me enter my protest to views held by some of the members of our school in relation to qualities or virtues possessed by our medicines. Their inculcation and diffusion will certainly redound to our detriment, and be a discredit to us if even quasi indorsed.

It is claimed that when a medicine is attenuated or diluted until its individuality or materiality is lost, and no farther molecular division is possible, it becomes endowed with a spirit, or a portion of Divinity, that renders it capable of reaching and acting on the body through its spirituality. This is beyond human capability to realize or comprehend, and will not bear the test in a scientific or mental arena. These views are safe to be held by those who see God in clouds and hear him in the storm. With the innovation made by our system of medicine in the treatment for the various departures from health, it would seem that nothing farther could be asked or expected to be realized. Certainly nothing farther can be gained that will be of utility to the public in the reduction of the amount of medicine to be given for their various ills. It rarely occurs that more than the equivalent of one grain or one drop of medicine may be needed to restore a person to health or preserve him from acquiring the most dangerous malady. Medicines we use can never accumulate in the system, or in any way result to their detriment in the future ; it would seem that the acme of perfection in therapeutics had been reached.

But much yet remains for the activity of our thoughts and of our unused energy, that can be of advantage to ourselves and others in our chosen art. There is a large and almost unexplored field where no greater benefit can be conferred on coming generations than in any other way. It is by guarding the creative faculties from producing and ushering into the field of action children that may be defective mentally, morally, and physically.

This can be accomplished by and through the influence of medicine, diet, and common sense. Its practicability has been demonstrated amply enough to satisfy any scientist that a mother expectant can be prevented from transmitting to her child scrofulous, syphilitic, herpetic, or any other taint she may possess, as well as her mental or cerebral inefficiency. Peculiar idiosyncracies can be prevented by ante-natal treatment, and not only can undesired contamination by the bearer be prevented, but defects or sins of omission or commission by the other party can be estopped from perpetuity, and a perfect normal type can be secured for presentation.

Please recall results you have often unwittingly produced in a perfect product when the woman has been treated during gestation for consumption or some scrofulous affection. Fears were doubtless entertained for the new creation, that was found subsequently to be perfect. Special attention has been paid to this subject for years, and has

almost led to infatuation to realize that your hand can reach and aid creative skill—if not to mold, at least to guide to perfection. Not only can a normal and mental bias be secured, but mal-deposits and mal-nutrition can be prevented.

Would not this be a far better field for our study and research, than to try and to see how little medicine can be given and influence the system, going, as some do, far beyond the reach of human comprehension and credulity? Thus, gentlemen, by the judicious use of medicines, given in their appropriate place and time, in such form or quantity as the then existing conditions may warrant and demand, many of the common and prevailing causes of diseases may be entirely eradicated from the system, or their advent therein effectually prevented.

FORT WAYNE, IND.

ELEPHANTIASIS ARABUM.

By ROBERT BOOCOCK, M.D.

ON November 21, 1890, I was called to see an elderly lady, about sixty-five years of age, and short in stature (five feet). She was blessed with a cheerful and hopeful disposition, bearing up bravely, and making the best of all her troubles, while she was compelled to drag around this very large limb. She has been afflicted by it now for nearly four years.

The first sight of it was to me a very remarkable one; the great size was eclipsed by its shining appearance. The crevices or folds, caused by the great weight of the upper upon the lower parts, were of a burnished silvery whiteness, throughout the whole length of the limb. When rubbed it was hard and dry, and large scales, as like fish scales as possible,—or perhaps more like pieces of pearl shell, for some were thicker than fish scales,—would fall off. On the under or back of the limb were hard, rough nodules or elevations, as large as little-neck clams, rough and hard.

The size of the limb at the first measurement was: round the ankle, seventeen inches and a half; the calf, nineteen inches and a half; the knee-joint, twenty-two inches; three inches above the knee, twenty-two and one-half inches; and the upper part of the thigh, twenty-four inches.

The lady comes from a long-lived race of ancestry, some of whom lived beyond their hundred years; her mother to over ninety.

The probable cause of the trouble is as follows: About four or five years ago she was a Sunday-school teacher in a mission school. There being a fear of small-pox in the school, she consented, for the sake of the family she lived with, to be vaccinated by their family physician. The physician told her immediately after, that the vaccine should take,

as it was good, having just been taken from a little negro baby. This information gave her a great shock. She had a fearfully swollen ulcerated wound with erysipelatous condition, and it was a very long time before she recovered from it, or rather, appeared to do so. About one year after this she fell on an icy road and hurt her knee very much. Shortly after this she noticed a swelling of the knee and lower limb, which kept on increasing in size and hardness, notwithstanding the efforts of several physicians to arrest the growth and cure the difficulty.

The great size and weight of the limb had almost made her a house prisoner ; she attempted to walk, but found she could not lift the limb from the floor. The leg affected is the right one.

When I first saw her, the left leg was also very much swollen, ankle measurement being thirteen, and the calf fifteen inches in circumference. But this œdematous swelling was watery or doughy ; by pressure, you could almost bury your fingers, leaving their imprint for some time afterward.

The marks of contrast were great. The right leg was as hard as wood or rubber. You could make no impression on it whatever, and there was very little feeling caused by a very hard pinch. It had a shining, white, silvery appearance. The left leg was soft, compressible, and tender, and of a pinkish hue. In this limb there was a good deal of itching. They made a good diagnostic contrast, and prevented any mistake in the above diagnosis.

There was also a very constipated condition, there being only about three movements per month. If weekly, she would think she was doing well. There was also some giddiness of the head, causing a tendency to fall backward.

These two last symptoms suggested Graphites as a remedy, which I gave, five grains in half a glass of water, of which she was to take a teaspoonful every two hours, for two days. On the 24th of November, I found all the symptoms better, and there was a decrease in size of nearly two inches in the limb. It was at this visit that I took the measure of the other leg, below the knee. This improvement was more than I expected so soon. Keeping in mind the (school) advice not to change a well doing prescription, I continued Graphites. Giving about the fourth of a dram of the 1st dec. trit. in a tumbler of water, to be taken every two hours, as at the first prescription. On November 26, there was a general improvement, and bowels moving easily every third day. Legs decreasing in size, and becoming soft and smooth, the scales disappearing.

The limb continued gradually to decrease up to December 17, 1890, when I bound it with a broad rubber bandage, from the foot up to the body. She then remained in bed with the most gratifying result. I continued Graph. 1st. On December 20, 1890, the measurements were :

ankle, nine and one-half inches ; calf, sixteen inches ; knee, fourteen and one-half inches ; above the knee, fifteen and one-half inches ; and thigh, seventeen inches. The left leg, the dropsy leg, had entirely recovered, except some thick skin on the back of the limb, which made me think that this leg would, in all probability, have soon become as bad as the right.

This is a reduction in a month of, on an average, seven inches at the ankle and upper part of thigh, and of five and six inches at the two other measurements. At this time, Dr. Helmuth very kindly informed me of his remedy, *Hydroc. ac.*, and I gave a one drop dose every three hours for one week. Under this medicine, I lost ground, there being an increase in the limb of one and one-half inches in each measurement. Having found this Asiatic medicine to be unsuccessful, I then tried the highly recommended medicine *Thuja*, for a week, with no better results. I then gave *Sulph.* for three days to tone up the system and returned to the *Graphites 1 d. trit.*, and am very happy to say at this writing, that my patient is every way better, both in looks and in her ability to get about and do some light work in her room. Ankle measurement in both limbs is now eight inches ; calf, thirteen inches ; knee, fourteen inches ; thigh, sixteen and seventeen inches. Skin smooth but dry and wrinkled, like white oil silk. When she is standing upright, the skin and tissues hang in folds like an empty bag, and I fear would soon fill up again if not kept tight to the bone by bandages. I shall endeavor to have this contracted or absorbed in some way. I am now trying to get a good perspiration, or moisture on the limb surface, by *Borax* baths, and am also trying *Rhus. tox.* at the kind suggestion of Dr. Helmuth.

I described this case to our skillful professor of dermatology, Dr. Archelarus, who gave it the name I have already done, thus confirming my diagnosis.

This is the third case of this kind that I have ever seen. One, an old man of eighty years, with large lumps in various parts of his body and limbs, rough and hard. He died at the age of eighty-two without any change. He went to sleep under *Morphine* treatment ; but not in my hands. The second case was that of a young woman, who came (from Rhode Island) before Dr. Helmuth's clinic last year, with one or both legs of an enormous size, and to whom the learned professor prescribed *Hydroc. ac.*

There is a case photographed in Dr. Fox's book on skin diseases. A case reported by Dr. Charles Jewett of Brooklyn, notes furnished by Dr. P. L. Schenck of the King's County Hospital. This was in many respects similar to the one that came before Dr. Helmuth's clinic, being a young man only nineteen years of age. My case differs from the gen-

eral description, being white and shining, instead, as is usual, of being dark and discolored, brownish or tanned.

JANUARY 24, 1891.—Since writing the above the *Rhus tox.* 3d has produced softness and smoothness, perspiration and helped in every way ; measurements have decreased under it one inch more, at each of the parts measured.

She is afraid if I continue there will be nothing but skin and bone left, but she is well every way and very happy.

FLATBUSH, L. I.

ON HÆMORRHOIDS.*

By DR. MACKECHNIE.

WHEN asked to read a paper, I chose that of hæmorrhoids, not that I expected to bring any special acumen to the subject, or that I could expect to teach you anything new in the pathology or therapeutics of piles, but that it is a convenient peg on which to hang a discussion ; that so little seems to be said about it in modern days by physicians, who seem inclined to leave the matter wholly to one remedy, *Ferrum*, whether *frigidum* or *calidum* or both, and that I am desirous to enter my feeble protest against this indiscriminate use of the knife in such cases, especially as I am afraid that among our own colleagues there is too great a tendency to relegate the treatment of piles to the surgeon. Of course, in this, as in many other matters, we are not masters of the field, and are subject to many influences, direct and indirect, but particularly to that of our colleagues of the old school, who, in their agnosticism as to the value of drugs, have nothing to fall back upon in the treatment of piles but the relief to be obtained in the removal of the damaged part.

We too, on our part, are many of us wanting in that faith in drug influence, which should enable us firmly to withstand the entreaties of patient and friend, by promising that time and perseverance will do what is wanted without mutilation. We are also influenced by the influx into our number of many new and younger practitioners, and glad we are to welcome them ; but they are new from the schools, necessarily more or less under school influence, with some tincture of the aforesaid agnosticism, and knowing the value of similars but imperfectly, while they are able in the use of the knife, and in the ardor of youth lean strongly to the faith in things seen and tangible.

Hence, patients coming to us under the influence of this distressing malady of piles, requiring, as it sometimes does, prolonged and patient treatment of various kinds, are often unable, or unwilling, to give the time, trouble, and patience needful to work out a real cure, and desire,

* A paper read at Bath, England, before the Western Therapeutic Society.

especially now that anæsthetics and antiseptics are to the fore, the speedy riddance of their painful and disgusting encumbrances.

Now I am desirous of saying a few words in the hope of staying the tide which is carrying us toward surgery rather than homœopathy in this connection, and I think we should keep constantly before us the fact that we are advocates of the principle of similars ; that every case which is operated on under our care is more or less a slur on that principle, which, notwithstanding, *is* capable in almost every case of effecting a cure. Of course, a great difficulty in bad cases is the need for time and careful nursing. Every case must, of course, be decided on its own merits ; one cannot make any absolute rule, but it is for us to keep before the patient and his friends the fact that drug influence, with time and perseverance, *can* cure.

Our method of treating a case of piles must be largely modified by the conditions which brought about the attack, and the extent of the mischief done. It is scarcely needful for me to say anything here about the influence of occupation in the matter.

Whenever a case of piles comes under our care, we may be pretty sure that stasis and distention have been going on for long before we were applied to, and indeed for long before the patient became conscious of any embarrassment, so that even now when seeking our aid he has been first trying some treatment of his own, or of his neighbors, and putting off the application to his doctor as long as might be, but that now, some error of diet or drink, some chill adding to the embarrassment of the circulation, or a purge which, while softening the stool and stirring up the muscular coat to action, has brought about additional congestion of the hæmorrhoidal plexuses ; and while swelling yet further the superior plexus, has irritated the sphincter and hindered the lower plexus from returning its contents to the superior ; has rendered the mucous membrane irritable and congested, the arteries dilated and congested—so that, taking the whole local pathological condition in view, one need scarcely wonder at the distress and suffering witnessed in a case of inflamed piles, and one's first thought should be how to give relief, to free the occluded veins. Though it may seem most scientific to try and relieve at the hither end, yet so much is to be done at the *locus in quo* by heat and moisture combined, that I think it well to begin with these agents, either by hot hip-bath, or by steaming, or by fomentation ; any of them well applied. I am myself very fond of steaming, but either will help very much to give relief and enable the patient generally to return the obtruded swelling through the sphincter.

There are two points in this connection I am surprised constantly to find medical men so negligent in instructing their patients about. First, as to the method of getting the hæmorrhoidal tumor returned

within the sphincter, by bearing down as if in defecation at the same time that pressure is made gently and equally on the mass to get it into the rectum ; at the same time some grease should be applied to lubricate it. Once get the tumors within the sphincter, the strangulation is over for the time, there is a certain sense of relief afforded, and the patient begins to feel that something is being done.

In cases of fluent piles, pressure may better be made with a warm moist sponge.

It may then be well to consider the need or advisability of relieving the bowels, and to find out if the rectum is loaded with hardened feces or not. In many cases it *is* worth while, and when needful I have a great liking for the Pulv. glycyrrhizæ co. (Prussian preparation), which I consider better than enemata, although it takes twelve hours before it acts ; but the means employed should depend rather on the habits of the patient, on his fears, his prejudices—before all, on the state of the fecal masses themselves, to far as that can be made out. If an enema is used, I prefer thin warm gruel, with a plentiful admixture of olive oil.

Having emptied the rectum, comes the consideration of the real drug treatment of the case, and I think one should at once administer Aconite or Belladonna, or perhaps give them alternately, being guided very much in this matter by the indications given by the thermometer ; general febrile condition being the predominant indication for Aconite, and local active congestion, or inflammation, for Belladonna. In children with inflamed piles I always take Chamomilla well into consideration.

The dietary, of course, should be very carefully managed, generally should be but slightly azotized, not fatty or alcoholized, leaving the patient but little else than farinaceous, vegetable, and fruity foods—all spices should be avoided, as they undoubtedly tend to irritate the part affected. This leads one to the consideration of one medicine, viz., Capsicum, which I have sometimes used with good effect in inflammatory piles. The special indications are, frequent small mucous stool with intense tenesmus after it.

Capsicum seems to be of use in fluent as well as blind piles, but the bleeding, when it occurs, is rather a general oozing than a hæmorrhage from the varices themselves.

With these means we shall not long have to treat a case of inflamed piles before the great pain and inflammatory state will have so far subsided that the patient can be moving about, and able to perform his duties more or less freely ; and then comes the question of further treatment, so that a really curative method may be put into operation.

Perhaps the most important considerations now are, the sex of the patient, and the habit of the bowels. If constipation be habitual ; if there be a feeling of obstruction or of dryness ; if the stools are dry,

and hard, and in largish masses, either smooth or of agglutinated masses of scybala, one must think of *Æsculus*, especially if there be a dull aching pain over the lumbo-sacral region. Before *Æsculus* was brought well before the profession as a remedy in hæmorrhoids with constipation, one was in the habit of looking principally to *Nux vomica* and *Sulphur*, one or both, in such cases, but every one seems to think that *Æsculus* has almost superseded them.

It may be as appropriate a place as any to say here, that for many years I have made it a great point in cases of chronic or habitual piles to insist on my patients adopting the practice of emptying the rectum at night before going to bed rather than at the usual one of doing so in the morning. The disturbed congested part has the time of the night's rest to recover itself, and the patient is much more likely to be able to go about his duties next day. It is often difficult to establish the habit, for the bowels are apt to relapse into their old established method, will not go at night, and will go in the morning ; but the gain is so great that the patient should be strongly urged to persevere.

After *Æsculus* I think there is scarcely a better remedy than *Pulsatilla*, whether for acute or chronic, whether fluent or dry, whether in male or female. Its marked influence on the venous system, its still more marked influence on the digestive functions and on the mucous membranes wherever they may be, should point to *Pulsatilla* as a medicine bringing about a group of symptoms very closely similar to that we find in piles. Of course where the special temperament or constitution is strongly marked, we may look for the more striking effects, but there can be no doubt that *Pulsatilla* suits very many cases of piles even among men. It is by no means only the female sex that is to be influenced by this potent drug. Wherever passive congestions occur, and especially where there is tendency to chronic catarrhal conditions, *Pulsatilla* should be taken into consideration ; even constipation is not absolutely a contra-indication, but when one has hæmorrhoids, dyspepsia, catarrhal tendency, varicosis elsewhere than in the rectum, dysmenorrhœa or spammenorrhœa, it ought to suggest itself to one before almost any other drug in our *Materia Medica*.

Sulphur covers so much the same lines as *Pulsatilla* as to call for consideration in such cases ; but the points in which it is chiefly distinguished are the presence of constipation, and the severe itching about the anus in sulphur symptoms.

Sulphur comes in alternately with *Æsculus* or with *Nux vomica* in a large number of cases where there is constipation. Two or three days of the one and two or three days of the other is a convenient arrangement.

Nux is called for mostly among men, especially those who are given

to the use of alcohol or of spices, or old dyspeptics, etc. (People who are subject to piles should, as a general rule, become abstainers.)

The constipation of Nux is one where there is want of expulsive desire, but where there is great relief after evacuation ; there is frequent and ineffectual call nevertheless. The stool is hard or dry, there is pressure on the sacrum, but not so constant nor so marked as that from *Æsculus*. The piles are generally large and blind.

Collinsonia is a medicine of great value in piles, especially in those females who have inertia of the rectum, and general congestive tendency to the pelvis. It is especially valuable to pregnant women suffering from piles, and in the piles so often to be found in parturient women. Pruritus is here also a very marked symptom, while flatulence, colic, and tenesmus are additional indications for it.

While talking of pelvic congestion as a cause of piles, one must hardly pass by a classical remedy for such a state, though at the same time I will say that of late I have not used it, *Collinsonia* having taken its place—I mean *Aloes*, which produces a general abdominal, and specially a pelvic congestion. There is a very marked burning in the anus and tenesmus, often with faintness, and the bladder is often irritated.

I have already spoken of such cases of fluent hæmorrhoids as are largely benefited by *Pulsatilla*—but though this last remedy is probably that of the largest range in piles in general, yet there are many cases in which one would much prefer employing *Hamamelis*, viz., such as present the fluent character in the most marked degree. Its wonderful influence on the venous system suggests it as a most valuable remedy, and experience carries out our expectation. It is especially in fluent piles with copious bleeding that it will speedily modify and arrest, and that without the fear one has been accustomed to hold of “the arrest of the hæmorrhoidal flux.”

The less fluent forms, if associated with varicosities or any indications of venous troubles, may make *Hamamelis* worthy of precedence before *Pulsatilla*, while the catarrhal state of the mucous membrane may give *Pulsatilla* the precedence.

My time is running short, but there is one medicine, viz., *Muriatic acid*, I must mention, which I have found of very great value, especially among people advanced in years whose piles continue to trouble them. The piles are large and painful, very tender, and suggest that ulceration has taken or is likely to take place. In such cases there is a general adynamia, and an offensive odor of the breath and of other secretions is often present.

When hæmorrhoids have gone on so far, or have been so frequently renewed that the various layers of the rectum and anus become thickened, while the tumors themselves, the varices, create irregularities where ulcers are very likely to develop, and which from their position

take peculiar forms as in so-called anal fissure, if any conditions consequent on piles can justify the use of the knife it will be these ; but I am sure that in these cases, if the patient can and will give the time, the attention, and the nursing that such a case requires, we may do perfectly well without the metal.

The great requirement is the careful and continual cleansing of the rectum, which must be effected with as little disturbance to the part as possible, almost absolute rest being needed by the patient. *Calendula* as a local application is most useful, and I have heard *Hydrastis* equally vaunted. The stools must be kept in a soluble condition, if possible, by means of suitable diet, *e. g.*, fruit, tamarinds, etc. I am quite inclined to think that cocaine in weak solution is not only justifiable, but of real utility in such cases.

I have used *Ignatia*, *Æsculus*, *Graphites*, and many other medicines in such cases with more or less advantage, but I think I have derived most benefit from the two latter.

I can say that I have cured a good many cases of fistula in ano without the knife, in fact I consider this affection much more tractable than the affection I have just been talking of, but it requires equally rest for its treatment, and careful nursing and syringing.

The remedies I have used have been *Silicea* almost exclusively, *Calcare* a little as internal remedies, and *Calendula* and *Hydrastis* and water-glass at local remedies.

I have at present here in Bath under my temporary care a patient who was cured by our friend A. C. Clifton many years ago (about fifty) of fistula in ano, and who remains cured now. He had been condemned for operation by one of the chief London surgeons of the day, went home to Northampton, submitted himself to Clifton's care, got cured, and went back to the surgeon thinking he would be delighted to hear of a remedy for a disorder which he could only himself cure with the knife, and was quite astonished at the indignation that gentleman showed on hearing the said report !

It is scarcely needful for me to say that I have only attempted to give a glance at the medicines I have found of the principal use in these affections, that I will not longer keep you.

SOCIETIES.

THE Northeastern Ohio Homœopathic Medical Society held its annual meeting at Massillon on April 15, in the Conrad House, there being present a goodly attendance of neighboring physicians as well as some from a distance. The president, Dr. W. H. Kirkland,

was ably supported by his secretary, Dr. T. T. Church, of Salem, and the business was promptly dispatched.

Dr. Biggar was present, and on invitation explained the value and operation of the cystoscope—an instrument which he had recently received from Germany; this exhibition proved to be most interesting. The treasurer's report was read as well as the secretary's, showing the society in good condition. A number of papers were read and discussed, principal among which were those tending to a discussion of la grippe. In these discussions it transpired that no member had lost a case by death, and that the epidemic remedy was evidently Bryonia.

On election of officers, Dr. Hayden was made president and Dr. Church re-elected secretary, and Salem was selected for the next session of the society. Dr. Gann proposed a resolution looking to a medical practice act for the State, which was unanimously carried. In the evening the visitors were invited to take dinner with Dr. Garrigues, and following this the evening was spent in an informal fashion at his house relating cases and experiences, and closing with story-telling. Dr. Garrigues had attempted to get an expression from the surgeon-general of the army and navy as to what constituted a "regular" physician. But after the passage of several letters, in which Dr. Garrigues made application for appointment, the medical department referred him to the board for an explanation. And this board also declined to define it.

The meeting closed with great good-will to all and the promise of a large attendance at Salem in the fall—the society meeting semi-annually—was very enthusiastic. La grippe will be the subject of the meeting and every member is asked to prepare himself with data and experiences to handle that subject thoroughly.

BOOK REVIEWS.

THE DECLINE OF MANHOOD. By ALVIN E. SMALL, M. D. Fourth Edition. Revised and Enlarged. Chicago: Gross and Delbridge. 1890.

Not a new book, of course, but yet one which deserves to be frequently recalled to the professional mind. Dr. Small has entered into his reward, but he has left a book which will keep his memory green. The topic, always a delicate one, has been handled with rare good judgment and tact, and conveys the impression of being very earnest as well as helpful. In some of its prescriptions we do not fully acquiesce, but this is no serious objection. It ought to have a place in every homœopathic physician's library.

GLOBULES.

—Any subscriber to this journal can have, free of charge, a full size sample of Lactated food by addressing the makers, Wells, Richardson & Co., Burlington, Vt.

—Marchand's Peroxide of Hydrogen is by far the most active preparation of the kind in use. Each bottle is provided with a flexible rubber stopper, so that it can be hermetically sealed after use.

—A newly invented bed-pan was introduced recently into the City Hospital, and it presented such superior qualities that several were ordered, but later it leaked out that the thing was invented by a homœopath, and now objections against its use have begun.—*Springfield (Mass.) Homestead.*

—Mrs. Marie Clark Keeler, wife of Dr. E. Elmer Keeler, died at the family residence in the May place, South Salina Street, Syracuse, N. Y., Tuesday morning, February 16, after a very brief illness, aged twenty-three years. She was an attractive and an accomplished woman of high character and purpose in life.

—The Rio Chemical Company of St. Louis, if it had never done more than present to the profession its valuable Extract of Pinus Canadensis, would have placed the profession under a lasting obligation to it. There is no more healthful, stimulating, and generally beneficial application that can be made to a diseased mucous membrane than this.

—An open competitive examination of candidates for Junior Assistants and female physicians in the State Hospital for the Insane, will be held by the State Civil Service Commission at the capitol in Albany, June 11. Candidates must be residents of the State and must have had one years' hospital experience or three years' experience in the general practice of medicine.

—At the April meeting of the R. I. Homœopathic Society it was unanimously voted that the American Institute of Homœopathy be invited to hold the session of 1892 within the boundaries of that State. It is understood, accidents excepted, that the particular place will be the Ocean House, Newport, and the time the fourth week in June.

GEO. B. PECK, M.D.

—TREATMENT OF RHUS POISONING WITH IPECAC.—Dr. W. S. Gilmore recommends the following, having used it for six years without a failure :

R Ipecac pulv..... ʒ iiij
Aqua..... Oj

M. Sig.—Apply freely to the affected part every two hours.

The heat, itching, and pain are relieved as if by magic, and in the great majority of cases two or three applications are sufficient to produce a cure. The only difficulty that has been noticed is a slight cooking or blistering of the skin when the solution was too strong.

That, however, is easily obviated, as the weaker solutions seem as efficient as the stronger. He thinks it as near a specific as we have in medicine.

—INTUSSUSCEPTION.—Brinton (*Arch. f. Kinderh.*,) xi, 5, 6) has collected the histories of five hundred cases of fatal intestinal obstruction. Two hundred and fifteen of these were due to invagination. The injection of air has proved on the whole of the most effective treatment in children. The reduction in some instances is very difficult and repeated trials are necessary. No violent means should be employed and an anæsthetic should be administered if there is resistance on the part of the patient.

—I have made a careful qualitative examination of the can of "Highland Brand Evaporated Cream," and found same to be entirely free from all adulterants or falsifications whatever, and to be what is claimed for it, a pure article of natural milk, dessicated to a thick consistency.

FRANK L. JAMES,
Ed. *M. & S. Journal and National Druggist*,
St. Louis, Mo.

—IPECACUANHA TO INCREASE LABOR PAINS.—Drapes (*Les Nouv. Remed.*) affirms that ipecac, in the form of wine of ipecac, in the dose of ten to fifteen drops repeated every ten minutes, constitutes a powerful remedy to provoke strong contractions of the uterus in a case of uterine inertia or rigidity of the cervix, which threatens to indefinitely prolong the labor. After the second or third dose strong uterine contractions will come on, will repeat themselves at regular intervals, and tend to rapidly bring the labor to an end. That which makes ipecac in this condition superior to ergot of rye is that it never provokes tetanic contraction of the uterus, so frequent after the administration of ergot.

—TURN OUT THE GAS—A CLINICAL CASE.—Mrs. G. suffered so severely with wind colic that all remedies seemed unavailing, and in desperation I had prepared a hypodermic of Morphine when a happy thought struck me. Acting upon it, I greased a colon tube and pushed it up beyond the sigmoid flexure. The gas escaped and the lady was relieved. I then gave her a colon douche and succeeded in removing some masses of fecal matter. She has since been entirely comfortable. This thought was suggested to me by the knowledge that veterinary surgeons puncture the distended bowels of cows and horses with the same disease with a canula and let out the gas, thus obtaining instant relief.—*A. L. Monroe, M. D., Louisville, Ky.*

—GUM-LANCING IN CHILDREN.—Dr. Forchheimer says of gum-lancing:

1. It is useless (a) as far as giving relief symptoms; (b) as far as facilitating or hastening teething.
2. It is useful only as blood-letting, and ought not to be used as such.
3. It is harmful (a) in producing local trouble; (b) in producing general disturbance on account of hæmorrhage; (c) in having established

a method which is too general to do specific good and too specific for universal use.

4. It is to be used only as a surgical procedure to give relief to surgical accidents.

—There is a firm in the East, which professes to deal in a "Genuine" Hoff's Malt Extract, that has addressed us several communications offering the munificent price of ten dollars to publish articles laudatory of their so-called "genuine" product. We are sorry to see that many Eastern medical journals have accepted the articles in question, presumably at the same price. We are not so much in need of copy that we are obliged to sell our convictions, and besides, we know of only one "Genuine Hoff's Malt Extract," and that is imported direct from Germany by the well-known firm of Tarrant & Co., of New York, and we would advise our readers, when ordering Hoff's Malt Extract, to distinctly state "Tarrant's," else they are liable to get an inferior article.—*California Homœopathy*, April, 1891.

—The Philadelphia Post-graduate School of Homœopathics has issued a formidable looking charter, constitution, and by-laws. There is no ambiguity appertaining to the purposes of this school; it is manifest in every page of the pamphlet, even if the reputation of its faculty were not sufficient to carry conviction. The use of the Organon is to be commended, and has been introduced, we believe, into every homœopathic college of the land; but it remains for this Post-graduate school to be built upon the Organon; to have its being in that work, and by its teaching to stand or fall. The school makes no profession to teach aught else but strict dynamic prescribing—not claiming surgery as a branch save incidentally. That there is room for a school embodying these principles is but too well known to the great majority of homœopathic physicians of to-day; that this school may be so generously supported as to make it a permanency is a consummation devoutly to be wished, wherein we most sincerely join. Professor J. T. Kent, M. D., 1419 Walnut Street, is Dean.

—STOMACH-WASHING IN THE GASTRIC DISORDERS OF INFANTS.—Professor Troitzky (*Bul. gén. de thérap.*, September 13, 1890) reports his experience with this mode of treatment in sixty-four cases. The children were all under four months of age. Vomiting was a symptom in every case. Twenty were suffering from green diarrhœa and thirty from yellow diarrhœa. The instruments employed were a Nélaton catheter and a glass funnel. The fluid was either pure water or a weak solution of benzoate of soda. Conclusions from study of results are as follows:

1. The procedure is an efficient means of cutting short gastro-intestinal disease in the early stages. The earlier it is performed the more satisfactory are the results.
2. The best results are obtained in simple dyspepsia without fever, the pure gastric form of the disease yielding most quickly.
3. Stomach-washing is also efficacious in specific diarrhœa and fully developed inflammatory cases. Other therapeutic measures must, however, be added.
4. In chronic forms of gastro-intestinal disease it is often of value, but must always be combined with other measures.

OH-DON'T-LOGY.

DON'T elect Bro. Peck president of the Institute until he has those teeth attended to properly.

DON'T insure your life with a company who will not receive a homœopathic physician's certificate as sufficient. Place a boycott on them.

DON'T be a churl. A new medical man coming within your bailiwick is entitled to a living just as much as you are. And if he is a better doctor, you deserve to be "run out" by a recent graduate.

DON'T build a barbed-wire fence around your State society with "keep off the grass" signs on the inclosure—meaning thereby to keep out all journalistic competition. This is canal-boat homœopathics.

DON'T (this belongs to the last don't). But it would be an awful affliction if some of our American doctors had to remain corked in the presence of the foreign brethren, with no banquet, no swallow-tails, and no after-dinner speeches.

DON'T let the clergymen pre-empt all the prominent places in your college commencements. Incorporate a new chair in your teaching corps, whose duty it shall be to teach the doctor how to deliver at least one public speech a year on medical matters.

DON'T be unduly concerned concerning the improbability of there being any International Homœopathic Convention. General Secretary Dudley says there will be no postponement on account of the weather, and that the performance will certainly come off. So come on.

DON'T let us have any banquet this year at the Institute. Let us make it a red-letter occasion on that point alone, if on no other. Let us just simply eat our three meals each day and be sure of it at the rate agreed on. If a banquet is given, each guest of the house is taxed for it in advance.

DON'T lose your temper and resign from a State society because somebody gets up and, in discussing your paper, says the high potencies are all imagination. The chances are ninety-nine to one that he doesn't know what he is talking about; and that he never made a homœopathic prescription in his life.

DON'T hurry about this answer, as we have about got enough matter for the page any way—but what has become of the Koch lymph?—the famous parataloid? Has anybody seen it lying about, or being lied about, either? Seems to have gone, like Bergeon's hydrogen gas, up the spout. Now let us get back again to the old-fashioned homœopathy. She is still doing business at the old stand.

DON'T forget that Rhode Island wants the Institute to meet within its borders next year, and Chicago—or rather Cook County—Illinois—wants it in 1893. In the latter event, each member might carry his tent and "vittels," to avoid any possibility of not being able to secure rooms in some of the thirty-eight story flats. The prairie extends all across Illinois from Chicago. But as to Rhode—well, that's a different matter altogether.

REPERTORY OF THE LUNG SYMPTOMS FOUND IN HERING'S CONDENSED MATERIA MEDICA.

By EDWARD R. SNADER, M.D.,

Lecturer on Physical Diagnosis at Hahnemann Medical College, Philadelphia, Pa.

(Continued from page 152.)

- SPIGELIA.**—Constriction in chest, with anxiety and difficult breathing. Sensation of tearing in the chest. Trembling feeling, worse from any movement.
- SPONGIA.**—Burning, soreness, rawness, with heaviness, in chest.
- SQUILLA.**—Heaviness on chest ; congestion of blood to chest.
- STANNUM.**—Tension across upper part of chest, with emptiness in lower. Chest so weak he cannot talk ; empty feeling in chest.
- STAPHISAGRIA.**—Soreness and rawness in chest, especially when coughing.
- STICTA PULM.**—Oppression of chest and feeling of a hard mass there ; hard, racking cough, excited by inspiration.
- SULPHUR.**—Feeling as if a lump of ice was in right chest. Burning in chest, rising to face. Pain as if chest would fly to pieces, when coughing or drawing a deep breath. Weakness in the chest ; in evening while lying down ; when talking.
- SULPHURIC ACID.**—Sensation of great weakness in chest. Burning in left side of chest up to throat. Shooting, stinging, now in scapula, now in armpit, or in chest.
- TABACUM.**—Tightness across upper part of chest, with angina pectoris.
- TARAXACUM.**—Boring, digging in chest. Twitching in right intercostal muscles.
- TEREBINTHINA.**—Unbearable burning and tightness across chest, with great dryness of mucous membranes, or profuse expectoration.
- VALERIANA.**—Frequent jerks and stitches in chest, with a sensation as if something pressed out ; worse in lower part of chest.
- VERATRUM VIRIDE.**—Congestion of chest, with rapid respiration, nausea, vomiting ; dull burning in region of heart. Pneumonia, pulse hard, strong, quick ; or engorgement of lungs, with faint feeling in stomach, nausea, slow or intermittent pulse.
- VIOLA ODORATA.**—Oppression of chest, as from a weight, awakening her at night. (Hysteria.)
- ZINCUM MET.**—Pain in chest, as if cut to pieces, with constrictive sensation. Burning in chest. Coldness in chest. Sensation of emptiness behind sternum.
- ZINGIBER.**—Stinging pains after motion, also stinging pressing in region of heart.

CHARACTER OF SENSATIONS.

HEAVY.—Æsculus Hip., Assafoetida.

HEAVINESS.—Bryonia, Crocus Sat., Ferrum, Kali Carb., Kreosotum, Magnesia Mur., Spongia, Squilla.

——— slight.—Ferrum.

——— sudden.—Magnesia Mur.

WEIGHT.—Aconite, Æsculus Hip., Nux Mosch., Phosphorus, Viola Odorata.

ENGORGED.—Æsculus Hip.

FULL.—Antimonium Tart., Calcarea Carb., Lachesis, Lilium Tig., Nux Mosch.

FULLNESS.—Ailanthus, Apis, Cistus Can., Croton Tigl.

EMPTY.—Stannum.

EMPTYNESS.—Oleander, Sepia, Stannum, Zincum.

SINKING.—Glonoinum.

WEAK.—Kali Carb., Phosphoricum Acid.

WEAKNESS.—Aloe, Bromium, Digitalis, Sulphur, Sulphuric Acid.

LACED.—Glonoinum.

COMPRESSION.—Assafoetida.

TIGHT.—Hyoscyamus.

TIGHTNESS.—Arsenicum, Baptisia, Borax, Causticum, Nitrum, Phosphorus, Tabacum, Terebinthina.

—— as if bound by a hoop.—Arsenicum.

—— dull.—Nitrum.

TENSION.—Agaricus, Ammonium Mur., Coccus, Magnesia Mur., Muric Acid, Natrum Mur., Opium, Phosphorus, Rhus Tox., Stannum.

—— painful.—Ammonium Mur.

—— contractive.—Coccus.

CONTRACTIVE.—Coccus, Zincum.

CONTRACTION.—Calcarea Phos., Manganum Aceticum.

—— warm.—Manganum Acet.

CONSTRICTION.—Antimonium Tart., Arsenicum, Baptisia, Belladonna, Bryonia, Cactus, Chamomilla, Chelidonium, Drosera, Hamamelis, Hepar Sulph., Ignatia, Magnesia Carb., Magnesia Mur., Mercurius, Nitrum, Opium, Spigelia.

CONSTRICTING.—Ferrum.

CONSTRICTED.—Alumina, Lilium Tig.

PRESSED.—Valeriana.

PRESSIVE.—Antimonium Crud., Belladonna.

PRESSING.—Eupatorium Per., Nux Vom., Zingiber.

—— stinging.—Zingiber.

PRESSURE.—Aconite, Ambra, Ammonium Mur., Anacardium, Assafoetida, Asarum, Belladonna, Berberis, Cinchona, Cyclamen, Gambogia, Kali Carb., Lithium Carb., Lobelia, Lycopodium, Nux Mosch., Phosphoric Acid, Psorinum Sepia.

—— dull, like a plug.—Anacardium.

—— sharp.—Asarum.

—— spasmodic.—Chelidonium.

—— as from violent rush of blood.—Cinchona.

—— continually.—Lycopodium.

DRAWING.—Capsicum.

BORING.—Bismuthum, Taraxacum.

DIGGING.—Taraxacum.

CHILLINESS.—Arsenicum.

LUMP OF ICE.—Sulphur.

COLD.—Cicuta.

COLDNESS.—Camphora, Carbo Ani., Natrum Carb., Oleander, Sabadilla, Zincum.

—— hot flushes intervening.—Sabadilla.

WARM.—Antimonium Tart., Manganum Acet.

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No. 6.

FRANK KRAFT, M.D., EDITOR.

JONES he pays the freight. Exactly one year ago this journal believed it necessary to take up the cudgel in favor of American homœopathic editors and authors who had been assailed by Dr. Samuel A. Jones of Ann Arbor, in a pretended book review, and in the peculiar fashion of this Little Giant of the Modern Athens. Patiently we awaited his reply, scanning every journal that came to our table, but the Wasp of Ann Arbor continued as silent as "perdition froze over a foot thick." Of course this could not last; and we were not surprised to have his fine Italian hand show its wonted cunning recently, and as usual in a most unexpected place. At the recent annual session of the Homœopathic Medical Society of the State of Ohio at Findlay—nay, that's not altogether correct. Let it be stated thus: At a recent meeting of a Cleveland Medical College, *née* the Homœopathic Medical Society of Ohio, officered, by courtesy of the college folk, by the elected officers of the State Society, after a fairly successful meeting for the college, having laid profane hands on almost everything in sight, Samuel A. Jones, M. D., of Ann Arbor, was sprung on the college, *née* State Society, with his gray hair, experience, and Delsartean gestures, and—well, Jones he paid the freight.

* *

NOW we don't blame Jones unduly for getting "even"; nor for ringing the changes as of yore on his age and experience; the blind Belisarius must appeal to sympathy in some form. Getting even is simply a form of depraved human nature. When he was introduced by the college people, and voted permission by the college, *née* the State Society, to address the college, he flung aside the last remnant of a jewel called honor, and with a sardonic smile, which was reflected in the features of the college folks, he unrolled an "impromptu" address, entitled "A Plea for Our Materia Medica," and proceeded instantler to make it warm for his enemies, those of the college, and other folks, of whom we are which. The first part of the "Plea" was an outrageous villification of the personal attributes of an absent member of this State Society; other parts referred to other absent members of the Society, and some parts referred to the editor of this journal. In short, his "Plea" for Our Materia Medica was the opening chapter of a personal attack on good, paying members of the State Society of which he was an invited guest. When he eventually got down to the merits of his

subject he developed a bright train of thought, taking the ground that he is the most successful homœopathic practitioner who combines the researches of the physiological and chemical laboratory with the "fine-tooth comb" process of looking for a symptom. But when he reached the merits of his paper he was barely listened to. It wasn't this that he was imported for. No one knew this better than this Apostle of Clean Language; unless it was the college people, whose membrane he was called in to tickle and did.

* *

HIS "getting even" with his enemies was of course a natural consequence, waiting only a fitting opportunity, and where could he better wreak his vengeance than in a meeting called by the State Society, but practically a new medical college, where he was sure no one would think of attacking its guest. So this modern son of Manoa bowed himself with all the weight of his experience and gray hairs with all his might, and the house fell upon us and others. We are utterly destroyed. Being a magnanimous party, he could afford to wait and pounce upon his enemies unawares. What we take exceptions to, is not the paying of old scores, but the malapropos-ness of the occasion. He was an invited guest of the State Society, temporarily overshadowed by a medical college; and for Jones to select such an occasion and foul the hearth of his host is—well, peculiarly a trait of Jones. And Jones paid the freight.

* *

THERE is a responsible factor back of Jones that ought to have been ashamed of itself, and probably was when it found what it was doing; for Jones, like several other persons who might be called by name, is courted and fêted for his apparent ignorance of the commonest proprieties of the English language, and his unfortunate indifference to the feelings of others, friend or foe, host or guest. The profession knows Jones. It knows that there are few *materia medica* pens that can equal, to say nothing of excelling his; it knows that he is a talented, deep-thinking, well-read, versatile scholar; it knows that he has personal traits that are of the most lovable kind; it knows that he is a good doctor, with a good practice; but it also knows that his hat is very often very many sizes too small for him; and that unless the other eleven jurymen coincide with him he won't play or pay the freight. Jones has nothing in common with the college. He cares no more for the college than the college cares for him. Both know this. But the introduction of Jones was an opportunity rarely to be duplicated to fill "a long felt want" for both participants, so he was rung on and had his little strut. Jones, who is really too good a man to be used in this cat's paw fashion, ought to be above such small-beer tactics. But he isn't.

* *

THIS is not a college quarrel. In fact, there is no college quarrel. What seemed so at one time was an illusion. This is a State Society matter. The blood which was sprinkled on the two side posts and on the upper door post of the house of the State Society ought to

have made it sacred to the destroying angel who had promised to pass over such agreed-upon sign. The college, with its majority, overreached itself by introducing an element of discord into the proceedings of the State Society. How could such a burlesque of fairness add to its standing in the State or in the Institute? How could this personal attack upon members of the State Society—who, according to the most primitive though unwritten law, are entitled to the rights of hospitality in their own house from a guest of the house—benefit the college? Even the thieving Arab respects the sanctity of his host's tent, and will not touch aught in disrespect, nor dishonor his host when once he has accepted of his hospitality. The journals of the school have been open to Jones for a twelve-month for a fair and square tilt. Why has he not availed himself of the space and shown his cause just? Ah, but that wouldn't be Jones, if he had. That's the kind of valiant and magnanimous Sir Knight he is; who fights in the dark, or bites his host after the fire on the hearth has warmed the cockles of his large heart. That's the way Jones he pays the freight.

* *

THERE are two elements which, when once introduced into a homœopathic meeting, are destined to precipitate a long and acrimonious debate, with a like inevitable result of accomplishing nothing for the good of the cause. These elements are Diphtheria and Potency. There was never yet a meeting of representative homœopaths gathered together when the diphtheria subject did not cause a long and heated discussion; the germ theory, ptomaines, septic absorption, blood dyscrasias, constitutional miasma, psora, etc., etc.; and the treatment with remedies solus; the spraying with nascent chlorine, or trypsis, or peroxide of hydrogen; the inhalation of steam; the gargle of alcohol, etc., etc. Who does not know these all by heart as he knows his own name.

* *

SO also with Potency. Just as sure as some one of the elders rises in the benches and soberly relates how he cured a case of puerperal fever with one dose of sulphur, some strife-loving junior in a high alto, will ask the brother, "What potency?" And then the fun begins and it wages and waxes and wanes until the gavel in the east shuts off the debate. It would seem to be warranted by the experience of many years, that no society of a homœopathic nature should be founded or incorporated which should fail to embody something like the following:

SEC. O, ART. O. The discussion of the treatment of diphtheria, and of the potency question, are positively prohibited, and on a recurrence of the offense, the parties so offending shall be mulcted in fine or by expulsion, or both, in the discretion of the outraged auditors.

—The *Hahnemannian Monthly* presents its readers with a marvelously fine photo-engraving of Dr. Richard Hughes of England. He has an intellectual cast of countenance that makes it attractive. We no longer question his success as an able writer and practitioner.

MORBID GROWTHS—CANCEROUS (?).*

By JOHN A. GANN, M. D.

THE province of this bureau, and the limitations by the time allowed, forbid more than a passing notice of the pathology of that disease, the name of which among the laity is almost a synonym for doubt and despair, while among the profession it is too frequently suggestive of mere palliation or the knife.

Without entering upon a consideration of the various theories presented by different pathologists, for the purposes of this paper we may summarize as follows, in the language of Professor Rindfleisch : "As the result of tissue change there are constantly being formed certain excretory products which must be got rid of, not only from the tissues and organs in which they are produced, but also from the fluids of the entire body, if the processes of life are to go on without interruption. The products vary slightly in each case from the different tissues, and on this difference rests the peculiarity of pathological new growths. If they are not properly transformed and excreted they accumulate, first at the spot where they are formed, then in the juices of the organism ; and this accumulation is the immediate cause of the progressive processes which begin by a simple multiplication of cells, and end by a formation of either tubercle, cancer, epithelioma, fibroma, or lupus."

In the consideration of mammary neoplasms, the embryonic theory possesses much significance. In this the germs remain dormant in the system until called into activity by some not always to be ascertained cause.

As a general principle, it may be stated that all morbid growths are due to perverted normal functions, whether they be progressive or retrogressive in character, or due to tissue transformation from unrecognized causes, as when simple hypertrophy degenerates through some dyscrasia into heterologous growths.

Neoplasms may be divided into two classes : those of the connective tissue, and those of the epithelial tissue. Under the first class come fibromata, recurrent fibroids, irritable tumors of the breast, lipomata, sarcoma, myxonia, chondroma, and osteoma.

Under the second class come adenoma, and carcinomatous epithelioma with the two types medullary and scirrhus.

With too many the question of diagnosis seems to be a sort of taken-for-granted expression of some previously entertained opinion ; for it resolves itself into one of these four propositions :

1. If death occurs soon after the removal of a tumor : with them, *of course*, it was cancer.

* Read at the meeting of the Homœopathic Medical Society of Ohio, 1891.

2. If recovery follows the removal of a morbid growth : with them *this* is an actual proof that it was cancer.
3. If no operation be performed, and the patient die while under treatment : the fact of death establishes the proof of cancer.
4. Should the patient recover, under *medical* treatment : of course it could not be cancer.

Perhaps, when we better understand pathological evolution,—for generations may intervene between the manifestations of certain morbid conditions,—and when we remember that each individual is subject to growth, maintenance, and decay ; and that each of these stages is characterized by certain morbid phenomena ; and again, how those most wonderful of all cell structures, the ovum and sperm, possess that innate power of impressing all subsequent cell structure with an individuality through the mystery of heredity—when all this is better understood, *then* with a therapy based upon an intelligent appreciation of physiological symptomatology may homœopathy be able to do much more toward the eradicating of existing and predisposing morbid conditions.

Believing that cancer is a local manifestation of a constitutional dyscrasia, and that this local manifestation is called into action by causes not always determinable ; and while believing that the surgical removal of cancer in an early stage may be helpful if the dyscrasia be not at the same time constitutionally active ; yet it may be accepted that morbid growths, diagnosed by experts as cancers, have yielded to internal remedies in many well authenticated cases.

This should suggest conservatism in surgery ; as morbid growths removed by the dynamics of properly selected remedies means much toward the removing of a dyscrasia whose unfolding means untold suffering.

From several cases that have come under my observation I take a few as illustrations of success and failure :

CASE I.—In the early summer of 1886, Mrs. B. consulted me concerning an enlargement in the left breast. From its history and symptoms I diagnosed it as something that might prove serious. She then consulted her old family physician, who told her my fears were unwarranted, and immediately began treatment.

The symptoms becoming worse she again consulted me (in August), and on my reaffirming my previous opinion, she went to consult Dr. Clark, of Berea, a specialist, who diagnosed it as cancer, and began local treatment.

After a varying experience of better and worse, at his suggestion she went home in February, 1887, when she again came into my hands ; and although I succeeded in rendering her condition fairly comfortable, and, as she thought, held the disease somewhat in check, she died of

general glandular complications in the summer of 1887. The remedies most helpful were Con., Phytol., and Arsen.

CASE II.—Mr. A. W. S. consulted me in 1882 concerning a painful growth in the substance of the tongue, which growth had been a source of annoyance for a considerable time, seriously interfering with many movements of the tongue. The pains were sticking, pricking, stinging ; especially worse when pressed.

Under Apis 3d and 30th it disappeared. No return since.

CASE III.—Mrs. E. B. C., age forty-eight. While gathering wild flowers, four years ago, accidentally struck the left breast while climbing a fence. It produced but slight pain at the time and was soon forgotten.

Some two months later, her attention was called to the breast by sudden, sharp pains, and the presence of a lump sensitive to pressure. Alarmed, she consulted me ; and although I did not pronounce it cancer, told her it merited the closest attention.

She soon consulted a physician and surgeon of no mean reputation in one of our Northern cities, who was an intimate friend of the family. He diagnosed it as cancer, and said her only safety was in the removal of the entire breast.

Thoroughly disheartened she again consulted me ; and at my suggestion consented to try constitutional treatment for a time, and then, if no better, might resort to more heroic measures.

In two months it was noticeable that the tumor was less painful, and we tried to believe a trifle smaller. So much encouraged was she that the treatment was continued, and in one year from that time the growth had practically disappeared.

The remedies used were Kali cyan. and Conium ; especially the former.

CASE IV.—Mrs. E. N. S., age about sixty. For twenty years has had upon the right cheek an ugly lupus-like sore ; at times very bad, always quite annoying. Sometimes it would seem ready to heal, but only to break out on adjoining surfaces.

When I first saw it—some four months ago—it presented several flattened, dark, angry-looking, scabby surfaces, from beneath which exuded a slight discharge of sanious pus.

The cheek possessed a crawling sensation, which prompted an almost irresistible desire to rub the face.

She first noticed the breaking out after an epidemic of small-pox. Under the supposition that she had come under the influence of impure vaccine matter I prescribed Thuja 30th. In two months I put her on Lapis alb. 6th, and with such results that the face is now in better condition than it has been for many years.

What was the disease ?

CASE V.—Mrs. Nancy S., age seventy-seven. Some fifteen years ago she had removed from the hand, by surgical means, what was diagnosed as a cancer-wart, characterized by soreness, rawness, and bleeding. Some nine years ago several wart-like growths appeared upon the face, which were characterized by itching, crawling sensation, but not specially painful. She applied to one of our physicians, who began to treat it locally, but whose treatment only aggravated existing conditions. She discontinued his treatment, and succeeded in holding it in check by the application of some domestic salve.

Some seven years ago I was called to treat her for what seemed to be some serious disease of the stomach. My prognosis was unfavorable.

I might here add that the family history was not good ; several having died of morbid growths of some kind. They were *called* cancer.

Whether mistaken in my diagnosis or fortunate in the selection of remedies, in about two months the symptoms had so modified that we felt encouraged to change our prognosis. During the treatment of the stomach difficulty, the growths on the face were less irritable.

About a year and a half ago she again consulted me. This time for an ugly, bleeding, ichorous discharging wart upon the nose. In despair she said I must remove it, either with the knife or by caustics. I told her I could not follow her advice, and said she must seek other help. Unwilling to do so she put herself under my treatment, after continuing which I was obliged to spend a few weeks on account of an attack of la grippe and one of its sequelæ. After this had passed away I again resumed my former treatment, and with such results that in four months the wart had entirely disappeared, leaving only a shining cicatrix to mark the place.

The remedies used were Assen., Phos., and Hydras ; the latter being used, much of the time, locally.

CASE VI.—Mrs. Wm. C., aged sixty-three. Some seven years ago a tumor appeared near the outer margin of the deltoid of the left arm, and four years later another near the crest of the ilium of the same side. As they were not especially painful she paid but little attention to them ; though the one on the arm became more and more annoying from its gradually enlarging.

About one year ago she noticed a hard lump in the lower half of the left breast ; which, from its painfulness and her fears of something serious, caused her to apply for aid.

She could remember no history of traumatism. We diagnosed the first two tumors as lipomata, but we could not escape the conviction that the last was cancer.

It will be unnecessary to give the treatment as followed from week to week ; suffice it to say that under the use of Kali cyan., the lipomata

have entirely disappeared. We cannot report so favorably concerning the condition of the breast.

The remedies she has been using since the Kali cyan. was discontinued are Con., Calc. carb., Lapis alb., and Ars. iod.; and while the general constitutional condition seems improved, and the breast less painful than formerly, yet the angry, gorged, and ready-to-burst appearance of the tumor causes us to fear our ability to more than palliate in the future.

From the increased strength and comfort enjoyed by the patient she is more hopeful than are we. We may continue the history in the future.

WOOSTER, O.

SURGERY AND THERAPEUTICS.*

By J. D. GEORGE, M. D.

THERE are many points in surgery of special importance, and within the past few years my attention has been called to some of these of which I desire to speak.

Cleanliness, absolute, of all instruments and every person connected with the operation—these things every surgeon should observe; but the bad points of which I wish to speak more especially are diagnosis and therapeutics, and I believe, in order to be a successful surgeon, homœopathic therapeutics should be a part of the surgeon's attainments. The surgeon who can cure surgical cases by remedies is a better surgeon than the one who cuts at every opportunity.

Recently I have had several cases come into my hands which impressed me with the special importance of diagnosis and therapeutics in surgical cases. I was called to see a lady aged sixty who had been confined to her bed for two weeks or more. Her history, in brief, was in the beginning constipation and pain in bowels, for which she took pills and grew worse and sent for an M.D., who diagnosed the trouble neuralgia of the bowels, and gave cathartics, morphine, quinine, and whisky, and she continued to grow worse, when counsel was called, but nothing done except to give some cocaine pills and an unfavorable prognosis, which latter was no doubt correct.

I was called at this stage and found her with cold hands and feet, abdomen greatly distended, great pain, no action of bowels for nearly a week, vomiting of fecal matter, voice and pulse weak.

The drugs had been continued and vomited up soon after taking.

I leave my hearers to diagnose the case, and simply state that I changed the diagnoses and treatment to Nux 3d and Bell 3d, inter-

* Read at the twenty-fourth annual meeting, of the Indiana Institute of Homœopathy, Indianapolis, May 15, 1890.

nally, and, securing a long rectal tube, failed to insert it until I doubled and twisted a wire, which I put in the tube, and after repeated efforts, by a rolling motion, I succeeded in passing the tube about ten to twelve inches and injected glycerine and olive oil, equal parts. Strange to state, the attending physician agreed to all except he wanted to give more whisky.

After a few hours a few hard balls came, and in twelve hours a half chamber of half liquid stool. Vomiting ceased and food was retained.

At the present writing—more than a week—she has taken liquid food, yet has more or less pain in bowels, and only small movements. After taking milk a few times recently there was more swelling and pain, and they refuse an operation, which I asked for as a last resort, and I have told the family that would be the only chance for her life.

CASE II.—I was called to see a man of about forty, who had been treated for malarial fever by an A.M., M.D. I found he could pass his urine only slowly, after straining and waiting, and then only in a small stream. I found a history of gonorrhœa some years before, and the usual astringent injections.

Using a pointed wax catheter, I found a stricture in membranous portion of urethra and enlarged and inflamed prostate gland. I followed the wax catheter with small-size metal, and, soon had a large size, and the man happy, because he could throw a full stream. He no doubt had fever from the inflamed prostate.

CASE III.—I was called to see an old lady who came to the city for an operation for cataract, which was nicely done and followed by calomel to keep down inflammation. This was kept up until she had great ulcers in mouth and salivation to a great degree, vomiting and pain in bowels, soreness, etc.; nit. acid stopped the vomiting, but she died from calomel dysentery. She went under the operation a well woman. The oculist claimed to be an operator and knew nothing of therapeutics, but took the advice of other physicians.

CASE IV.—Two years since I saw a case of scirrhus tumor of forearm and advised amputation and constitutional treatment. There was no ulceration, but a hard tumor about the size of an egg; there was but little pain.

The owner thereof went to Cincinnati and gave some "specialist" \$75 to burn it out with "caustic of some kind." The result was a large, painful, sloughing, rose-like sore. Cancer developed in axillary glands and he rapidly went the usual course.

Might not this man have lived several years had the arm been amputated at once and constitutional treatment begun? These cases serve to illustrate the special points and the connection between surgery and therapeutics.

Diganosis is of all importance when possible, in order to successfully treat surgical cases.

I believe the best surgeon is a good therapist, and homœopathy in many cases offers relief from a surgical operation.

There are many cases operated upon, which, if treated by constitutional remedies, would recover and no new disease develop at some other point, as is often the case in surgical operations.

We have a superior means of controlling inflammation and relieving nerve pain ; and I believe it the duty of every homœopathic physician to endeavor to educate the people more fully to understand the real merits of our school, and to understand that the term "similia" means as much as it ever did, and will stand the same while the world stands, and that this is an important part of a surgeon's outfit and goes to make a successful surgeon as much as it does to make a general practitioner. These cases are but samples of many met with every day, and samples of the treatment followed.

This paper may be said to deal more with therapeutics than surgery proper, as I intended it should on account of the importance of the two being combined, and because I think every homœopathic physician should defend our cause and make known the superiority of the homœopathic system, and never agree to drop the *name* in order to pacify the allopaths, who use our means and give us no credit for the discovery of their means of success.

INDIANAPOLIS, IND.

PRIMARY CANCER OF THE LIVER.*

H. H. BAXTER, M. D.

THE following case was of considerable interest to me, and it is possible that it may be of some value to others.

In December, 1889, a gentlemen called for advice and treatment for jaundice, which had existed for two weeks or more. Although urged by his family to seek medical advice, for some unknown reason he had neglected doing so. He was fifty-one years of age ; had formerly been employed in office work, but for the last year had been engaged in more active outdoor business. During this time his health had seemed unusually good. He now recalled, however, that for a time prior to the appearance of the jaundice, he had not been quite himself. He now complained of loss of appetite, sometimes a disgust for food ; bad taste in the mouth, and slight nausea, but no vomiting ; mental dullness and lack of ambition. Dull pain in the hepatic region ; percussion developed soreness and tenderness of the liver. No perceptible enlargement. Bowels fairly regular, but stools white or clay colored. I

* Read before the Homœopathic Medical Society of Ohio, 1891.

gave a prescription and instructions in regard to diet, etc., and directed him to report in a few days. I saw nothing more of him until January 30, when he again came to the office. His symptoms were all intensified and he had lost in flesh and strength. He also complained of itching of the skin, especially at night, and sleeplessness. Recognizing the probable existence of some serious organic lesion, I made a careful examination of the case, but with negative results. There was still considerable tenderness over the region of the liver, and slight enlargement was now perceptible. The entire surface was intensely yellow, and the urine was heavily loaded with bile. I made several examinations of the urine during the progress of the case, but could not detect albumen. Shortly after he was unable to come to the office, and thereafter I visited him at his home. In the mean time I had carefully avoided expressing any opinion, more than that there was some obstruction of the gall duct. What caused the obstruction was a question I did not attempt to answer. In forming an opinion I was influenced somewhat by the recollection of a case which I had seen about two years before, presenting a very similar history and symptoms, and which proved to be cancer of the head of the pancreas, pressing against and obstructing the ductus communis—and also by another case of jaundice, which after continuing for several months was suddenly and permanently relieved, by the passage of a large gall-stone, which was subsequently captured on its escape from the rectum.

In the case under consideration, the family history gave no light upon the subject. One distant relative had died from cancer, and one from tuberculosis, otherwise the family history was good. After weighing the pros and cons of the case carefully, I came to the conclusion that *probably* there was cancer—its location unknown. Treatment was attended with varying degrees of success. At times, remedies seemed to afford relief, at other times not. In March Dr. G. J. Jones was invited to see the case in consultation. At this time it was learned that he formerly had been subject to so-called “bilious attacks,” but had been quite free from them for a year or more prior to the beginning of his present sickness. These attacks could not be construed as gall-stone colic. After a careful examination and review of the case, Dr. Jones came to the same conclusion I had, viz., that there was obstruction of the ductus communis, but from what cause was uncertain—probably cancer; but if so, its location could not be determined.

In the latter part of April he went to visit friends in another State, with the vain hope that a change of surroundings might prove beneficial. While away, other physicians were consulted, but I could not learn that they had given any decided diagnosis. He returned in July in about the same condition as before. On the 20th of July he was seized with severe pains, which seemed to yield to remedies. The next day, how-

ever, they returned with increased severity and refused to yield to ordinary expedients. Anodynes were resorted to with only partial relief. I saw him at eleven o'clock in the evening. He was then more quiet, but still suffering considerably, but there was no symptom of immediate dissolution. Shortly after midnight he began to sink rapidly, and died about six o'clock in the morning.

A *post-mortem* was held about thirty hours later. The liver was considerably enlarged, but not excessively so, and was studded thick with carcinomatous growths, varying in size from that of a pea to that of a large walnut, more in the right lobe. These were of the scirrhus variety. The pancreas and spleen were slightly congested, but had no trace of cancer. The kidneys were much congested and enlarged, but without the changes incident to cancer or Bright's disease. In short, we found an instance of uncomplicated cancer of the liver.

The points of interest in this case are two : First. Cancer of the liver, unassociated with similar disease in any other part ; a circumstance said to be very rare, it generally being associated with cancer of the stomach or duodenum, kidneys, or pancreas.

Second. The appearance of jaundice as the first symptom of disturbance. Usually this does not appear until late, or not at all ; but whenever it does appear it continues to the end.

CLEVELAND, O.

A VISIT TO KARLSBAD.*

H. E. BEEBE, M. D.

FROM past experience and observation, I have long been of the opinion that benefits derived from sending patients to noted health resorts and water cures are, in a large measure, due more to rigidly enforced hygienic and hydropathic measures adopted, than to special properties the climate possesses, or chemical constituents the water contains.

My visit to Karlsbad changed my ideas but little on this question. There are essential requirements and regulations at all water cures, and unless these rules be followed little good is accomplished. I will not deny that individual springs do possess distinct properties, specially calculated for special diseases, but, where this is true, it is seldom that the question is sufficiently considered. The favored spring is reported to cure most of the diseases flesh is heir to.

I am sorry to say, Europeans classify their health resorts better than Americans. Also, patients visiting these resorts are under a more strict medical supervision than in this country. Patients on arrival at these resorts are expected to consult a physician and follow his advice.

* Read before the Homœopathic Medical Society of Ohio, 1891.

This is as it should be. Too often our so-called health resorts are more fashionable resorts than cure resorts.

I visited Karlsbad in June, when there were about twelve thousand visitors using the waters. Being a patient myself, I at once consulted Dr. Kafka, a very worthy man and physician, who gave me full instructions as to the use of the waters, diet, regimen, etc. I was doubly interested in making an unbiased investigation.

Karlsbad is a town of Bohemia, on the Tepl River, seventy miles from Prague, at an altitude of 1200 feet, in a narrow, picturesque valley between steep granite mountains. Some one has appropriately said, it is built on the lid of a boiling tea kettle, as a mere shell covers the boiling reservoir. The town consists chiefly of lodging houses and hotels for the accommodation of visitors. The houses are usually on the sides of the mountains facing the river, many of them five stories high in front and but two or three stories in the rear, or mountain, side.

Karlsbad is the most famous and aristocratic watering-place in Europe. The permanent population is about twelve thousand. The number of visitors from the first of June to the middle of September averages twelve to twenty-five thousand. The climate is a little too changeable for other seasons of the year. The sanitary conditions of the place are about as near perfect as it is possible to be ; consequently, it is free from malarial, pestilential, and epidemic diseases. After persistent rains the soil dries rapidly. There are many beautiful drives and walks in and about the place.

The mountains in the neighborhood have been made accessible, and here and there nice plots of ground have been laid out for visitors, all making the place exceedingly attractive, so much so that I am satisfied that much of the therapeutic action is due to change of scene, the strict diet enforced, outdoor exercise, and systematic use of the hot waters.

In the Sprudel Spring, with a temperature of 165° (the hottest of all), the water rises with great force, amid clouds of steam, from fifteen to twenty feet in the air. To obtain the water, cups are placed on the ends of poles eight to ten feet long and then reached into the spring. This spring is said to have been discovered in 1358 by the Emperor Charles IV of Germany, while on a hunting expedition, to whom a statue has been erected in the market place.

The temperature of the twenty or more springs varies according to their depth, from 165° to 110° Fahrenheit. The amount of carbonic acid varies in proportion from the same cause. They differ but little from each other in their chemical component parts, all coming from the supposed same reservoir. The principal ingredients are sulphate

and carbonate of soda and common salt. They are classed among the thermal alkaline sulphate waters.

These waters were originally employed exclusively for bathing, but are now chiefly taken internally. There are, nevertheless, numerous facilities for water, vapor, and mud baths, and are used to some extent in conjunction with the internal administration of the waters.

The Karlsbad waters are prized chiefly in the treatment of hepatic and renal diseases, though much used in gastric, intestinal, and catarrhal disorders. It has its friends in gout and rheumatic troubles; in fact, like all springs, recommended by some for all the maladies of man. I saw more jaundice in one day than I had seen before in twenty years. The waters are slightly laxative when taken in quantity.

I think the hot water is a grand agent as used here. It would be difficult to use it as systematically without similar environments. While I think the high temperature of the water is the leading agent, I cannot deny that the alkaline constituents promote organic changes in the system. They possibly stimulate the process of secretion, neutralize the free acid in the stomach, and exert diuretic properties.

Dr. J. C. Gurnsey, of Philadelphia, who was there at the same time I was, in an article in the *Hahnemann Monthly*, for August, 1890, so expresses my views and experience, that I reproduce part of his article :

"Karlsbad is, pre-eminently a 'cure resort,' and the cure, as practiced here, has three main factors : 1st, the numerous springs, the water of which is drunk, and the baths ; 2d, low diet ; 3d, the quiet life and orderly habits.

"The principal difference in the use for drinking the waters is the temperature ; and the local water specialists (physicians) largely prescribe for their cases on this basis—use of such and such temperature. The hours at Karlsbad are rigorously 'Early to rise and early to bed.' Before six o'clock in the morning the patients or guests undergoing the 'cure' are seen streaming in swarms to the respective springs, from which they are to drink—the Muhlbrunn, Marktbrunn, Schlossbrunn, and Sprudel, perhaps, leading in popularity. Even at this early hour the crowd soon becomes so great that long lines are formed at each spring, and a thirsty soul will sometimes be as long as fifteen to twenty minutes slowly working up for his time to drink. Each person carries his or her cup hung by a strap around the neck. Arriving at the spring, the cup is placed in its order upon the receiving stand, is handed to a girl, who stoops and hands it down to a second girl, who stoops and hands it to a third girl, who fills it with water and hands it to a girl above her, who hands it to the next girl above her, who places it in its order on the receiving stand, on the side opposite to where it started. This is the order observed at the deeper springs. Where the

water has been brought to the surface of the ground, the cup is simply received and filled; but the deeper springs are the more popular.

"Having received his cup of water from his particular spring, the recipient moves to one side and slowly and solemnly sips it. The taste, the same at all springs, is not unpleasantly saline, enlivened with a little carbonic acid gas. The dose is from one-half to a whole cup. Then he takes a short walk, or sits down for a little conversation, and in ten, fifteen, or twenty minutes repeats the dose. This is done from three to six times. The water is almost universally taken in the early morning on an empty stomach, although a very few drink again toward evening.

"From six to eight o'clock the bands of music play in the Sprudel Colonnade and the Muhlbrunn. The music, with the throngs of people slowly moving to and fro, and the sound of every language in the world being spoken, produces an effect to be seen only at Karlsbad.

"Baths. The baths form quite a feature of the cure; they principally consist of the Sprudel water,—vapor or Russian,—and the mud bath. Very hot temperature in any of the above, except the Russian, is not favored here. The baths are taken during the forenoon and in the afternoon.

"Diet. Between half-past seven and eight o'clock (morning) the crowds, which have been steadily increasing since six o'clock, begin to surge from the springs to the numerous cafés. These are in large rooms, restaurants, and they also consist largely of small tables in the open air under the trees. To one of these cafés, or a little table, the patient strolls, carrying in his hand, in a red paper bag, his favorite brand of bread, which he has just purchased at one of the bakeries. There are fifteen to twenty different styles of bread in Karlsbad, varying from the familiar 'Vienna roll' to the crisp, well sweetened 'Coffee bread.' He orders his coffee or tea, usually the former, and one or two eggs. This is his breakfast—'only this and nothing more.'

"At noon, from 12.30 to 1 o'clock, the cafés begin to fill up again, and a full meal is taken, consisting of a light soup, roast meat with a vegetable or two, and a glass of beer or wine, or Griesshubler water, which is a mild sort of Apollinaris and comes from a spring a few miles from Karlsbad.

"At six o'clock or shortly after comes the last meal of the day—cold meat, an egg, milk, etc. The coffee is most excellent, the milk and eggs are fresh and delicious. The chief vegetables are potatoes, carrots, spinach, and cauliflower; a few peas and string beans. Apparently, canned fruit is poor and scarce.

"*Quiet and orderly habits?* Yes! The life here is quiet and orderly, though neither high license nor prohibition prevails; quite the contrary, indeed; there is no rioting, noise, or loud talk. The gay belle of

Saratoga would be sadly at a loss for her gayety, for there are no hops, no garden parties, and no late hours. *People come here to get well*, and they make such a serious matter of 'getting well' that everything bends to this end. There is a theater here and an opera house, but in both the performance begins at half-past six and is over at nine o'clock. All the concerts begin at half-past seven o'clock and the last note is played as the clock strikes nine. The people immediately go to their lodgings and by 9.30 or 10 P. M. there are but few persons to be seen on the streets, all the town being wrapped in slumber.

"By the advice of the doctors, every one strolls or is driven about in carriages during the pleasant parts of the day. And since the walks and drives along the river and up the mountains are so near perfect, the recreation in this way is well calculated to cure."

Dr. Kafka has made quite an exhaustive proving of these waters, and has shown from these provings what class of diseases are benefited and those that are counter-indicated. He considers them useless in secondary syphilis, nervous diseases, such as epilepsy and paralysis, and in organic degenerations and in advanced Bright's disease.

Dr. Gurnsey's conclusions, I think, are certainly well-grounded when he says: "What is it that cures at Karlsbad? 1st. The living in the open air. Karlsbad life is entirely an open air life—walking, eating, sitting, and resting in the open air. 2d. The quiet and restful life one leads here; the early hours he keeps; the entire abnegation of fashion's freaks and follies; the plain diet. 3d. The influence of the place upon the patient's mind. He comes here believing he will get well and intending to get well. He therefore rigorously leads the hygienic life that best conduces to such an end. 4th. The fun of going to the springs in the early morning hours and watching the zealous enthusiasts slowly sipping their water, as though their cure depended upon the imbibing of a given amount of it; inhaling the pure, sweet, and cool air, as yet unwarmed by the early sun, and the delight of listening to the well-trained bands that discourse invigorating music. But does the water play no part in the cure? Yes, I think the heat of the water is decidedly beneficial, but the chemical or medicinal properties of the water, I do not approve of for general use. Karlsbad water can only prove helpful and curative to those patients whose symptoms correspond to the waters."

The greatest recommendations are for diabetes. I failed to find or hear of any one permanently cured of this disease, though there is abundant proof that the disease is palliated and much benefited. The rigid diet and absence from cares and worry will benefit this disease any place; at the same time, I can recommend, candidly, all suffering with this disease, or any functional trouble, to this place, for it is the model water cure, in my opinion, of the world. It is, certainly, the place to rest, even if the visitor be not diseased.

SIDNEY, O.

THE LAW, SIMILIA, AMONG THE SCIENCES.*

By E. R. EGGLESTON, M. D.

THE constitutionally imposed condition regarding the subject matter of the opening address is such, that, while one may not dare to honor a breach of its observance, he may yet depend upon a liberal construction of such provision, whereby vital matters, other than those provided for, may occupy a share of attention. The more so, because the more general history of medical progress, its advances and lapses, are familiar to all, and because there is a burning question which more and more demands attention.

If a method for the treatment of disease comes within the strict definition of the term *Law*, or in so far as it does so, just so far it is in harmony with natural law; and, being so, it must conform to the terms, and restrictions, and extensions, and limitations of natural law. Its terms should be constant and logical; its restrictions conform to the general and special laws which govern force or forces; its limitations permit no encroachment and admit no hypotheses except upon tentative grounds. Thus much conceded, we face the question: Shall homœopathy be judged upon the verified grounds of physical science, or upon such shifting bases as experimentation and empiricism and assumption present? If upon the first, then we are led to apply the working methods of practical science in addition to all means peculiar to it; are driven to the employment of the microscope, the test-tube, the scalpel, and all the armamentarium of material demonstration; if upon the last, the "science" of medicine becomes a miserable caricature, and we may appeal only to its artistic phenomena—its perspectives, reliefs, fore-shortenings, and illusions.

Our claim is that *similia similibus curantur* is the law of cure of disease; a natural law—the natural law of cure. What do we mean? If one claims that it is a law of particular and peculiar application, which has no points of contact or relations with any other law, and that otherwise it could not be a law of cure; and if another insists that it is a law of universal application under proper conditions, that it touches at all points and relates with every other law, and that otherwise it could not be a law of cure; which is right? which ought to be right? Which do we mean? which ought we to mean?

It may be assumed that the profession believes—one member of it does, at any rate—that the universe, and all its parts, are under law; that the individual and associated motions of the heavenly bodies, and the quantities and qualities of light, heat, and electricity which circulate among them, or attach to them, are under law; that successions of

* Address of President of Homœopathic Medical Society of Ohio, 1891.

seasons, the fall of water and rise of vapor, are under law ; that the life of man, and man himself, his growth and degeneracy, his health, and disease that is fatal or curable, is under law ; that violations of normal relations among things may be remedied by establishing new relations or restoring the old ; that disease under the law finds its cure by the law, and that *similia similibus curantur* is the law.

Under normal conditions nature makes no mistakes. Law is law, whether in meteorological phenomena, or in the cure of a like disease by a like drug. Carried to conclusions is, not this science ? Is it not scientific medicine ? Is it not truth ? Is it not nature ?

Put to the proof by tests ordinarily applied, they are found to be in no sense different from those applied in the case of any other special law. There are found to be : (1) its general conformity with natural law ; (2) its special conformity with other special laws ; (3) its universal applicability, other things being equal. Compare Ohm's, or Newton's, or Kepler's, or Jenner's, or Crooke's, or Pasteur's law with that of Hahnemann, and wherein and by how much does it or they fail to stand the tests, and by how much is any one undignified in the presence of the other ? Each master has caught and crystallized a gem. After Ohm, and Newton, and Kepler, order reigned where confusion had been ; after Hahnemann, the art of medicine was stamped with the scientific seal. More than this, Hahnemann's law confirms that of Pasteur and Ohm ; and the laws of Jenner and Crooke confirm that of Hahnemann.

No fact more clearly substantiates *similia* as a law than this : that it has its relatives or corollaries. Instance any great law of nature and the fact is disclosed that subjectives cluster about it in the position of consequents to antecedents or of dependencies. Further : all relatives, whether coexistent with the principal, or a necessary outgrowth from it, bear a proportionate relationship to it. That is, the operations of dependent laws must sustain a proportion to the law of control which is capable of expression in terms of quantity or quality. These facts are something more than mere abstractions. The habit of applying the greater original may have, and probably has, blinded our eyes to the significance of various limitations. For example : if it is said, as frequently is said, that dosage under the law *similia* has no other relation to it than mere juxtaposition or experience, is it true ?—ought it to be true ? Experience may have led to demonstration of the fact that the 3d or 30th attenuation of Sulphur is most suitable for given conditions ; why ? To admit the fact explains nothing. If the pathology of the given case presents a parallel to the pathogenesis of the remedy, that one should be neutralized by the other requires a balancing of the force of the one against an equal force of the other ; and therefore the curative effect of Sulphur becomes conditioned ; it must conform to

the terms of the original law that like cures like. Nor is this a solitary instance. There are still primary and secondary effects of disease and drug, their actions and reactions, and the dynamical, chemical, and mechanical effects of diseases and drugs, still to be related to each other according to the same balances, and in no case are conditions fulfilled by any law of chance or accident.

We evidently make a mistake if we consider any of these as provisional, or accidental, or potential factors in the problem of health and disease ; in the sickening of the one and in the cure of the other. They are *active* factors—always active factors. The same forces which, violated, produce actions of degeneration, under other relations produce actions of regeneration. The same forces, under certain normal conditions, produce senile decay ; while under certain other normal conditions, they sustain, and restrain, and neutralize, with an aim to preserve the individual. Here, too, lies a practical matter.

It is openly charged that homœopathists do not in practice adhere to the strict terms of the law ; that it is openly violated or evaded. Now, while this is not true, to the best of my belief, to the extent charged, it is true to some extent. Passing over obvious causes for this delinquency, your attention is asked to a fundamental reason, this : *The law applied to the patient may be not the law of the laboratory ;* or the evolutions and devolutions of drug-action in provings upon the *healthy* ; or the conclusions of laboratory investigations may not find their complement in the *sick* body ; that is, pathogenesis and pathology are not the same thing, are not equal terms, are not similar ; and therefore the practitioner meets with failure—failure which he seeks to bridge over by such palliative measures as bring upon him this charge. It may be admitted that this criticism does not apply universally, is exceptional ; but that numerous instances may be educed is beyond question. Why ? Because the symptoms of the well man are not those of a sick man. In the first case every organ, tissue, and function is normal and normally environed, until disturbed by *artificial* means ; in the other no organ, or tissue, or function is normal, neither is it normally environed, and is made so by *natural* means. Let it remain, if you please, that the parallel between experiment and practice holds good in the main ; the exceptions remain, also, to be accounted for. How to be accounted for ? By introducing the qualification of *individuality*—the very thing, the absence of which has brought confusion and failure to the prescription.

Time, causation, phenomena, personal equation, and material modifications mark the individualisms of disease (note the plural). That is to say, rarely may an individualized totality be found which is not made up of *units* of individuality, each of which has individualized the total. To illustrate : In the treatment of pneumonia, what estimate

should be placed upon possible tubercular diathesis, any or all symptoms to the contrary notwithstanding? In other words, may not a tubercular diathesis negative or transpose the terms of pathogenesis? Again, are remedial indications in a case of simple uncomplicated cerebral meningitis, without neurotic history or hereditary taint, exact parallels or equals with one of known neurotic history or transmission? or is it not an absolute practical fact that indications, as such, fall to the ground, and so fall because pathogenesis and pathology are not always equal terms? Now we are prepared to say that the remedy, to conform to the law, must be administered according to predisposition, and stage, and condition, and result present or pending; or, should equal the time, causation, phenomena, personal equation, and material modifications of the disease; the individualisms of the one should be pitted against the individualisms of the other. Thus we arrive at *diagnosis*, and *pathological significance*, and the *similar*; and thereby demonstrate the value and bearing of the "uncommon and peculiar symptoms." If the uncommon and peculiar symptom, its pathology, its diagnosis, its individuality, should appear to be a *tumor*, would you not prescribe for the tumor as the supreme expression of the disease, or would you discover the tumor for the especial purpose of knowing what *not* to prescribe for? To individualize or not to individualize, is the question. The Organon says that the external manifestation of disease may prove to be characteristic—*characteristic of the individual*.

But, besides diathesis, or cachexia, or other predisposing condition which may give individuality to a given case, there are other qualities that are problematical. To begin with facts like these: Carbon monoxide is a fatal poison to warm-blooded animals; less so to cold-blooded vertebrates; not at all so to insects. Rabbits feed upon Belladonna with impunity. Chickens are proof against Strychnine. Certain animals and birds are not poisoned by the bite of the viper. Nitrous oxide affects man more than any other animal. Putrefying animal matter is known to be highly poisonous to man and perhaps other warm-blooded vertebrates, but not at all so to swine, fowls, and rodents. There are, therefore, relations between toxic substances and animal life, which in normal conditions are not constant—they are positive or negative; and if we attempt to establish relations between such substances and abnormal conditions of life, is not the list of such anomalies likely to be greatly extended? In view of these facts it is fair to presume that such characteristics as *susceptibility* and *immunity* are constantly relating themselves to remedial as well as drug effects. Why? Because the albuminoids of the blood are or are not devitalized by the substance or its residues; or again, on account of the dynamic power possessed by selective tissue-cells. Now such variations are constant and characteristic features of toxication—like causes producing like effects—with

the proviso of the equality of other things. These phenomena we dignify by the term Law, because they show constant and measurable relations with law as a whole, and with many laws in particular ; the more so as they take rank as parallels and relatives to the law *similia*, each being open to the limitations and qualifications of the other.

Are we right, then, to assume that under every circumstance and condition, other things being equal or not equal, with or without limitation, that the drug effect upon the healthy will always represent the curative effect upon the sick ; or that pathogenesis and pathology always stand for the same unconditioned totality ? Carroll Dunham maintains that the application of one to the other is relative ; being relative, it cannot be absolute.

Let us freely confess that there are still ignorances or unexhausted possibilities in medical science, and that dogmatism postpones the day when we shall see clearly. In the promulgation of what we know, the acceptance of purely physical phenomena which are of necessity involved in our methods of experimentation, must stand first. In the second place stands the less certain but vastly important field of possibilities or conclusions established in the related field of the physical sciences, with which the first must be related to become valid. While in the last but not least important place stands the impending possibilities of that which we know not of, which lies wholly unknown behind it all. It is the Duke of Argyle who says :

"But the progress of science, and even our appreciation of its teaching, is absolutely dependent on two conditions : first, that we bear constantly in mind the wide seas of ignorance which surround the little islands of our knowledge ; and secondly, that we rightly estimate the full sweep and significance of the facts and laws which we can clearly see. It would be difficult to say whether our science has suffered most from forgetfulness of the things that we do not know, or from failure to appreciate or exhaust the consequences flowing from the things we do know."

With whatever of pride we may concede immense intellectual acquisition, it still remains that intellectual vacuity presents a parallel, and there is no disloyalty to truth more invidious and subversive than that which dares to deny that there exists such a menace to intellectual integrity. What our mind perceives, that we admit to be perilous to ignore ; what our mind consents to the possibility of but does not know, that becomes the more perilous to ignore, because its consequences cannot be foreseen.

It is possible that this question has magnified itself to my understanding, but even in such, or any event, it is worthy of our best consideration, and it is to be hoped that its discussion may be taken up along the whole line ; taken up as well for the justification of the

sneers we utter against the "scientific" school of medicine, as for the justification and stability of our own methods. It is time that we laid upon the shelf the "discovery" of the law *similia*, and adapted it to practical scientific affairs; time to substitute fact for phantom; time that we admit into our philosophy the rational principles which give all laws perpetual and dignified standing. Doing so, we divest ourselves of the *dilettanteism* of practice,—so deplorable and so difficult to neutralize,—strengthen our own positions, and at the same time pluck the stings from the counter criticisms of "our friends the enemy."

The subject of medical legislation has risen to the dignity of a national question. Societies, great and small, are finally beginning to give it earnest attention. Effort in our own State has been heretofore quite insignificant. Not that our legislative committees have year after year been derelict, but that professional opinion and action have failed to offer and support any definite propositions. The fact that some few instances have occurred in which legislation antagonistic to our interests has had to be met with energetic protests, proves the activity of the allopathic school, rather than of our own. The recent developments in the State of New York seem to prove the concerted and harmonious action of our opponents in the various States, with the single aim of obtaining State Examining Boards, in the composition of which they shall have a majority. The issue is, therefore, forced upon us, or more and more will be, and it would seem to be but common prudence to prepare ourselves to command our rightful place before the law. The homœopathists of New York have won,—won a separate examining board,—and while they deserve our highest respect for the determination and pluck with which they have met the issue, they also deserve that their appeal for aid to still further prosecute the work—which is our work, as well,—should be favorably considered. This matter will be presented by an authorized committee.

The controversy which has had so happy a termination was based upon the single proposition that the standard of educational qualifications should be shifted from the diploma to the license. The change was to be, of course, radical, but as such it had the more or less unqualified support of representative men of all schools. It was held that responsibility for licensure should be no longer held by private institutions, whose financial convictions might so far outweigh their mental convictions that men in every way unqualified for the functions of a medical practitioner might be foisted upon a confiding public. It is needless to follow the details of the long controversy. Suffice it to say that the method of bringing about the proposed reform was the subject of bitter contention for a long time, resulting, as already stated, in the adoption of that proposed by the homœopathists.

It will be generally admitted that there should be somewhere in the

State government power to regulate the practice of medicine ; power to enforce a common standard of qualification for practice ; and power to define and supervise the methods and teaching of medical schools. Whatever restrictions should grow out of such regulations, they would all be well within the police powers of the State, for they aim at protection of the people against unqualified practitioners, as do quarantine and sanitary laws against the invasion and spread of contagious diseases. Through such regulation complete educational equality would be assured, to be followed by complete civil equality ; and the present indefensible discrimination by the State against practitioners from the side of the minority for all places of public professional trust and emolument, would be numbered among the things of an unsavory past.

I do not undertake to say that separate examining and licensing boards, or a single board properly constituted, or any board is essential to such results ; but that the condition of passing judgment upon the qualifications of its own practitioners should be exercised by each school for itself, should be a fundamental contention, I am profoundly convinced.

The Pennsylvania plan for regulation is also a strong one. At the State meeting for 1890, resolutions were adopted favoring State control, and the Legislative Committee was instructed to prepare a bill providing for a board of medical education, consisting of one homœopath, one allopath, one eclectic, and two laymen. The powers of this board include fixing a standard of education requisite for admission to colleges—the same test to be applied to graduates from colleges outside the State previous to indorsement of their diplomas for registration—and direct supervision of colleges, which extends to the curriculum, time, and number of courses, and the character of instruction. The claim is put forward that all medical examiners' bills are imperfect, in that their most potent function is to *limit the practice of medicine*, rather than to regulate through advanced standards.

This matter is worthy of more consideration than such brief allusion to it might indicate. Such interests as are involved in our professional, social, and State relations are at stake, and it seems to me that the time is fully ripe and propitious for an advance along the whole line. If, therefore, I may venture upon a recommendation, it is that *now* this representative body of representative men shall, through its most effective means, devise a plan which shall place the homœopathy of Ohio in the front line of medical progress.

It only remains for me, ladies and gentlemen, to thank you for your patience, and to speak the gratitude profounder than words may express for the honor conferred upon me in the call to preside over your deliberations.

CLEVELAND, O.

SOME MATERIA MEDICA OUTLINES.

BY E. V. MOFFAT, M. D.

Chelidonium majus.—The most prominent application of *Chelidonium* is in hepatitis; we have soreness over the liver, but particularly with a severe, pressing pain under the angle of the right scapula. We notice jaundice, yellow-coated tongue, showing the imprints of the teeth on the edges, light-colored stools, absence of mind, desponding mood with irritability, ill-humor. The symptoms are really more generic than specific, and in the absence of characteristic symptoms for other drugs, *Chelidonium* will be your stand-by in vague cases of hepatitis.

Cicuta virosa covers acne about the face, especially the lips and chin. It also meets violent convulsions, generally with opisthotonus, profound unconsciousness after the spasm, and rapid recurrence. During the convulsion, the face is pale, with dark hollows under the eyes and sunken fontanelle; it meets anæmic rather than congestive types, and spinal as well as cerebral convulsions, which may arise from teething, irritation of the meninges, intestine irritation, or appear in the course of an exanthematous fever.

Cina is most frequently used for intestinal irritation, especially from worms. We find the itching in the rectum and about the nose, picking at the nose, gritting of the teeth, a great many vague reflex nervous symptoms, and the urine often becomes almost jelly-like on standing or has a gelatinous precipitate. Many phases of intestinal irritation resemble that of worms, though entirely independent of them, and for these as well *Cina* is useful.

Santonine, the active principle of *Cina*, is more especially used for round worms, or lumbricoides, and *Cina* for pin-worms, or ascarides. In giving Santonine in all physiological doses, remember, as a danger signal, if the child is old enough to tell you, an apparent yellow or green discoloration of the field of vision or of objects; should this appear, suspend the drug and begin with reduced doses.

China or *Cinchona*.—Headache, full, throbbing, especially in the temples; sometimes with constriction about the head or scalp, seen prominently in a malarial paroxysm. We find great sensitiveness of the roots of the hair, which is tender on touching or brushing it, reminding us of *Bryonia*. In the eyes, amblyopia, amaurosis, sometimes photophobia. In the ears, tinnitus, and in deeper grades, deafness.

In the digestive sphere, we find a load or heavy pain in the stomach shortly after eating, and atonic digestive powers. The bowels may be either diarrhœal or somewhat constipated. The diarrhœa, clinically, may be caused by fruits or early vegetables; it is profuse, painless, exhausting, undigested, rather light-colored, not very offensive, and generally accompanied by some slight flatulence. On the other hand,

the stools may be normal or constipated, but, from the sluggish liver, are apt to be very light-colored. China is our sheet-anchor to meet weakness from the loss of vital fluids, either diarrhoeal, perspiration, milk, leucorrhœa, but especially blood or semen.

Then in the male sexual sphere, we find it very valuable in cases of masturbation or excessive venery characterized by simple exhaustion, and a certain amount of anæmia rather than the profound disturbances calling for deeper acting drugs. In the female sexual sphere, it is most useful for menorrhagia, producing anæmia with tinnitus.

The typical China malarial paroxysm is complete with three stages, separate and well-defined. Thirst precedes and accompanies the paroxysm, and is sometimes aggravated between the stages, while the apyrexia is clear. It is an important drug in malarial enlargement of the spleen or liver, and the anæmia which is apt to accompany the splenic hypertrophy. Certain phases of myalgia, especially malarial, are well covered by the drug. Among the main uses of China will be that of a tonic, for the China patient is generally weak and atonic throughout.

Clematis erecta is useful in impetigo of the neck and occiput, resembling petroleum, which is moist, sore, with crawling, stinging, and itching, often drying up in scales. The itching is worse on getting warm in bed, with only slight and temporary relief from scratching. Scaly herpes on the thighs, or we may have a dark, burning, miliary eruption with violent itching. Clematis is useful in moist eczema with very severe itching, worse from washing in cold water, warmth of the bed, and wet poultices, and the eruption looks inflamed during the increasing, dry during the decreasing moon.

It is useful in vesical neuralgia, affecting, too, the urethra and spermatic cord. The right spermatic cord is sensitive, the testicle drawn up, the pain in the cord is generally of a drawing character, and we have severe orchitis and epididymitis, usually worse on the right side.

Cocculus indicus.—Headache with vertigo ; nausea with a sense of emptiness in the occiput, the nausea being aggravated by the motion of a boat, swing, or carriage. Cocculus thus constitutes one of our best remedies for car-sickness, and many phases of seasickness. It also meets a paralysis characterized by tingling and pricking in the affected parts, which paralysis is often the result of spinal meningitis.

Coffea cruda.—Primarily, extreme cerebral stimulation with increased mental and physical powers, increased reflex excitability, and hyperæsthesia of general and special sensation ; secondarily, nervousness with tremor and relaxed, unstrung condition. We find also more or less indigestion, with disagreeable eructations and a pressive, burning load in the stomach. The sleeplessness of Coffea is characterized by extreme mental activity ; the patient cannot stop thinking long enough to

fall asleep. It is like Opium, but lacks the great hyperæsthesia of the special senses seen in that drug. In *Coffea*, all sensory impressions are unduly acute, any pain, after-pains for instance, being unnaturally severe, like *Chamomilla*, only we lack its intolerance and impatience. The urine is increased, pale, and watery. The heart's action is increased so that in organic heart disease, *Caffeina* in physiological doses is a very valuable heart tonic and diuretic. *Coffea* meets, clinically, the disturbing effects of deep or sudden emotion, particularly *joy*.

Colchicum autumnale.—First we notice gastro-intestinal troubles. The most pronounced gastric symptom is disgust at the smell of food. It is a sheet-anchor in autumnal diarrhœal or dysenteries occurring during hot days and cold nights, and characterized by considerable tympanitic distention of the abdomen. It is useful in controlling paroxysms of gout, and meets shifting inflammation of the joints, generally the small ones and usually gouty in character. It is not so useful to meet the predisposition, the underlying trouble, as it is to correct the local attack itself.

Colocynth meets most prominently a yellow, watery diarrhœa, accompanied by very severe, flatulent colic; the pains are generally worse about the umbilicus, are griping, clawing, or squeezing in character, double the patient up, are relieved by external warmth and pressure, and, temporarily, by passing flatus and by an evacuation of the bowels. With this there may be, though not generally, bitter taste, bitter vomiting, and other indications of a disturbed liver. It is equally efficacious for the colic without the diarrhœa.

The neuralgic side is prominent in all *Colocynth* troubles. In the face we find prosopalgia, worse on the left side, generally relieved by hard pressure and external warmth. The pains are tearing, pressing, or stitching, and we may sometimes as well have sharp, cutting pains in the right eyeball, but the *left-sided* facial neuralgia is especially characteristic. We have ovarian neuralgias, and many phases of sciatica, generally relieved by pressure and warmth. Even the uterine or ovarian neuralgia shows the characteristic *Colocynth* feature, drawing the patient up double, like an intestinal colic.

Iris versicolor is especially useful in sick headaches which are preceded by a period of dimness of vision without pain.

Kali bi.—Though a tissue drug of great importance, the main effects of *Kali bi*. are seen on the mucous membranes; there the two most characteristic features are with catarrhal inflammations, the ropy, tenacious character of mucus or saliva, and the peculiar round, perforating, and comparatively painless ulcers. Throughout a wonderful variety of diseases these symptoms constitute the important keynote for *Kali bi*. In the eye we find ulcers of the cornea, rather deep but with comparatively little photophobia, lachrymation, or injection. In nasal catarrh there

is apt to be a dull, pressive pain at the root of the nose, and the mucus is very stringy and tenacious. Perforating ulcer of the septum, an annoying trouble and a cause of epistaxis, is readily curable by Kali. bich. In those obstinate cases in which a crust or scab forms within the nostrils and the patient is always picking at it, thus causing repeated hæmorrhages, remember the directions, "Hands off ; Kali. bi. internally and vaseline locally."

ORANGE, N. J.

BOOK REVIEWS.

ORIFICIAL SURGERY, AND ITS APPLICATION TO THE TREATMENT OF CHRONIC DISEASES. By E. H. PRATT, A. M., M. D., LL. D.; Professor of Orificial Surgery in the Chicago Homœopathic Medical College ; Surgeon to Cook County Hospital ; Member of the Illinois Homœopathic Medical Association, American Institute of Homœopathy, and of the Academy of Medicine ; Honorary Member of the Missouri, Kentucky, and Ohio State Societies. Chicago : Halsey Bros., 1890.

This is not the "larger treatise" referred to in a former work on this subject, so says the author. He has simply amplified his former book, added to it the experience of the years since its issue, and still further confirms his theory of orificial work. The book before us is a valuable aid to those who have taken Prof. Pratt's special course ; and it is no mean assistant to those who have not attended the practical lessons. Of the latter is this writer. He pleads guilty to having done considerable orificial work, and, so far, with most gratifying results. The present edition is well illustrated—the photo-engraving process being called into requisition—so that the reader is fairly equipped with knowledge and example to go to work. Of the theory or principle upon which orificial surgery is based, it no longer requires any explanation ; it is known everywhere very few of our homœopathic colleges now fail to recognize the treatment as an essential in teaching and practice ; several, to our knowledge, having devoted special chairs to the subject. It will not do at this late day to speak disparagingly of Prof. Pratt's work. It is become good form to know a good deal about the subject ; it is therefore desirable for those who scoff and ridicule to "read-up," and the present book is a good work to use.

MATERIA MEDICA AND THERAPEUTICS, WITH ESPECIAL REFERENCE TO THE CLINICAL APPLICATION OF DRUGS. By JOHN V. SHOEMAKER, M. D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia, etc., etc. Philadelphia and London : F. A. Davis, Publisher, 1891. \$4.50.

Another good book even for a high potency homœopath. It is true enough that this should not be substituted for the many excellent textbooks which we possess in our own school ; but an intelligent reading of the drugs and their uses by a practitioner cannot fail of enlarging

his medical horizon, and make him feel a little less cramped with his symptom covering. The description of the many drugs coming into the medical market day by day is well worth the price of the book. Thus, for instance, the space given to Sulfonal is well filled, interesting and instructive. A fair understanding of the properties, uses, and abuses of Sulfonal cannot hurt any one; the homœopath should know this as well as the allopath; this doesn't carry with it the necessity to use Sulfonal, of course. In the same way other drugs are handled in an exhaustive manner. But the book, notwithstanding its many excellencies, is of no use in the study of *materia medica* from our standpoint. For reference and amplifying our *materia medica* it is to be recommended, but it cannot supply the *materia medica* for our school of practice.

A HAND-BOOK OF THERAPEUTICS. By SYDNEY RINGER, M. D., Professor of the Principles and Practice of Medicine in University College; Physician to University College Hospital. Twelfth Edition. New York: William Wood & Co., 1890.

Much has of late been said touching the homœopathic leaning of this book; some colleges of our faith avowing that it is of more value in teaching *materia medica* than our own authors. We question this most emphatically. The author says, "The book is, in fact, a work on clinical therapeutics," and that he dwells much more on the indications for the use of drugs in disease than on their physiological action. Taken on these grounds the work is superb; taken from a homœopathic standpoint it is not so good. As a study of drugs for their physiological value, we are glad to accord Ringer unstinted praise; but for indications upon which to prescribe the drug treated of, it fails utterly. We can very readily see that this book would commend itself to that branch or wing of our school, which for want of a better name may be termed the physiological-homœopathic. Intrinsically, following the author's own statement of the cause for the writing of the book, we most highly commend it; neither do we deny that the homœopath cannot be materially benefited, if he be first well tutored in the principles of homœopathy; but if he begins first with Ringer and that class of authors, homœopathy will become a burden to him, and he will long for the "easier" way of giving a purge for a constipation, morphine for pain, etc., etc. Let Ringer be a text-book to aid the *practitioner*; but do not urge it upon the callow and impressionable student. We have had much benefit from studying its pages, and are under obligations to the Wm. Wood Co., for the courtesy of furnishing a copy for criticism.

MEDICAL SYMBOLISM IN CONNECTION WITH HISTORICAL STUDIES IN THE ARTS OF HEALING AND HYGIENE, Illustrated. By THOMAS S. SOZINSKEY, M. D., Ph. D., Author of "The Culture of Beauty," "The Care and Culture of Children," etc. Philadelphia and London: F. A. Davis, Publisher, 1891.

A charming book. A welcome recreation to the classical medical man, or to the busy practitioner. It is oftentimes deemed important by the practitioner to divert his mind a little from the exigencies of his cases, and yet not let go entirely. Here is the happy go-between. A little browsing in chapter xviii alone, would smooth out a few wrinkles from his weary forehead. Price, \$1.00.

GLOBULES.

—Snuffing up a little Hamamelis extract will generally stop persistent nose-bleed.

—This issue of the HOMŒOPATHIST was delayed by fire in the establishment of A. L. Chatterton & Co.

—CRITICAL DAYS in APOPLEXIA.—Jahr mentions the fifth and eighth days, upon which it is likely that aggravation will occur.

—Pulsatilla 3x, a few drops at a dose at bedtime, will give relief in chilblains, according to Dr. S. C. Pratt in *N. E. Med. Gazette*.

—Dr. W. Geo. Meredith and Dr. Frank Kraft, of Cleveland, have taken new offices at 1905 Euclid Avenue—in the "East End."

—Dr. E. Lippincott, Memphis, Tenn., is curing hernia by the subcutaneous injection method. Reports are that it is meeting great success.

—A twenty-cell Waite & Bartlett battery can be had at a low price. In use but a short time and in perfect order. Address J. H. Hallock, M. D., Syracuse, N. Y.

—TOBACCO SICKNESS.—If a boy or man has become sick from tobacco, pale face, cold extremities, etc., give *Camphor*, according to Dr. B. L. Hill.—*N. Y. Med. Times*.

—Dr. Thomas N. Stewart, eye, ear and throat surgeon, has removed to 104 West Eighth Street, near Race, Cincinnati. Dr. Stewart is secretary this year of the Ohio State Homœopathic Society.

—MISSOURI INSTITUTE OF HOMŒOPATHY.—The next annual session will be held at St. Louis next April with Dr. A. Cuvier Jones of Holden, president, and Dr. Cutler, of Kansas City, as secretary.

—Phosphide of zinc gives us the most satisfactory results in the paralytic conditions following diphtheria, and in nerve disturbances of the pharynx and larynx. It is best given in 2x or 3x.—*Beebe*.

—Dr. F. F. Casseday has removed to 828 First Avenue, South, Minneapolis, Minn., from which point his *Medical Argus* is continued to be published, and also continues to be as attractive as formerly.

—The Buffalo papers speak in term of highest praise of the success attending the homœopathic treatment of grippe in that city. The *Evening News* gives an unsolicited interview with a prominent undertaker in which "the allopaths were losing all the cases."

—*The Keystone*, published in the interest of the Buffalo Homœopathic Hospital, has, as a foot-note to each page, a classical quotation, which bespeaks a fine knowledge of the literature of the past. *The Keystone* is a handsome publication, and we wish it abundant success.

—PASSIFLORA INCARNATA has been found of great benefit in overcoming the bad effects of both the morphia habit and of long-continued abuse of strong drink. Numerous cases of tetanus in horses have also been reported.

—WARM WATER FOR INFANTILE CONVULSIONS.—When called to a little patient in convulsions I put it in a warm bath—temperature 98°—and in less than two minutes the spasm is gone and the convulsed limbs relaxed.—*L. D. Grosvenor, M. D.*

—In the *Lancet* Dr. Toppin calls attention to an affection observed among the negroes of Africa, which commences by a crack appearing on the under and inner surface of the little toe, the fissure gradually extending on all sides, until the toe drops off.

—The Post-Graduate Course of the Cleveland Homœopathic Hospital College followed the closing of the regular session, was continued two weeks, and was attended by a good and enthusiastic class. The promoters of the Course feel well paid by the interest taken.

—The Cleveland Homœopathic Hospital College held its graduating exercises on March 24 in the Young Men's Christian Association Hall, with a large audience in attendance. The Doctorate Degree was conferred on J. E. Rowland, A. E. Chamberlain, T. F. Hogue, Lucy S. Hertzog, R. S. Evelyn, T. L. Johnson, A. B. Smith, J. D. McAfee.

—*The Homœopathic Envoy*, E. P. Aushutz, editor, is a splendid homœopathic paper, well printed, well edited, and deserving of a place in every household. It is designed for popular reading and the doctor will add to his patronage by ordering a few copies sent to prominent people in his community for missionary purposes. Twenty-five cents a year.

—Indiana Institute of Homœopathy held its quarto-centenary meeting at Indianapolis, May 13 and 14. It was a success. The indefatigable secretary, Dr. W. B. Clarke, had filled the programme with an array of talent that could not fail of proving attractive. Many visitors from other States attended. The president's address—Dr. E. W. Sawyer, of Kokomo—was a splendid paper.

—Dr. W. B. Clarke, Indianapolis, the indefatigable student and writer, has contributed to the Indiana Institute a paper on "Poisonous House Decorations," which proved to be of such intense general interest that the Cincinnati *Enquirer* gives it three columns of space. It is a superb paper, and must be read *in extenso*, as no extract or condensation will do its author justice.

—The Ohio State Homœopathic Society at its recent annual session at Findlay, voted to go to Cincinnati next year, from which city it elected its president, Dr. C. D. Crank, and secretary, Dr. Thos. M. Stewart. Some dissatisfaction was manifest among the members at Findlay by reason of the insufficient hotel accommodations. This will not likely be a cause of disappointment at Cincinnati.

—INCONTINENCE OF URINE IN CHILDREN.—Dr. Simon Baruch, in the *Archives of Pædiatrics*, claims considerable success in the treatment of this frequent and annoying affection with Belladonna or Atropine. To children from six to ten years of age he gives 1-60 grain of Atropine about 4 o'clock P. M., and repeats it at bedtime, unless at that time the pupils are well dilated. He deems it necessary, for success in the treatment, that the child be sufficiently under the influence of the medicine to have the pupils dilated during the hours of sleep.

—When there is evidence of septic poisoning in peritonitis, with rapid pulse, prostration, tongue dry, with red streaks in the center; some distention, not much sensitiveness, the crude Sulpho-carbonate of soda is indicated. Put a teaspoonful in two-thirds of a tumbler of water, and give teaspoonful doses every half-hour. This may be given in alternation with other drugs.—*Smith*.

—D. S. Smith, M. D., the Nestor of Western Homœopathy, has been called higher. He died of angina pectoris, April 29. He was a landmark in the councils of our profession. He was a powerful debater and usually carried his point. He was sadly missed at Atlantic City, since he was so prominent a figure at the last two or three sessions. A good man, an honest man, entered into his rest. Farewell!

—The tincture of saw palmetto berries (*Sabul serrulata*), says the *Chicago Medical Times*: "Five to ten drops, three times a day, has a special action upon the glands of the reproductive organs, tending to increase their activity, to promote their secreting faculty, and add greatly to their size." There is certainly something in *Sabul serrulata*, if a very large and steady demand is an indication.—*The Homœopathic Recorder*.

—KALI CARBONICUM.—A very striking feature of this medicine is its characteristic stitching, sticking pains, flying about in various parts, especially in the chest and heart, like Pulsatilla and Bryonia. The Pulsatilla patient wants to be cool, the Kali carb. to be warm. Most of the Kali carb. symptoms are aggravated by cold. The stitching pains of Bryonia are worse in a warm room, those of Kali carb. are better in a warm room.—*Kent*.

—By some oversight the last circular of the American Institute of Homœopathy was omitted from our May number, and as this present issue goes to press while the Institute is in session it is manifestly too late to copy Dr. Dudley's circular. However, we feel certain that, inasmuch as all the journals have given the Institute full and frequent notice, our apparent neglect will not harm it. It was unintentional on our part. We wish the Institute and the I. H. C. the most abundant success.

—*Veratrum viride* 2x has been warmly recommended for the acute stage of pelvic cellulitis or peritonitis in lying-in women with symptoms similar to those calling for Aconite. Great cerebral congestion; pupils dilated; face flushed; violent nausea and vomiting, with cold sweat; severe pain and soreness just above the pelvis; heart-beats loud and strong, with great arterial excitement; but the respirations are very slow. The doses must be frequently repeated till there is some amelioration of the symptoms.—*Dr. Southwick*.

—APOPLEXIA.—The greater number of these cases met are conditions of engorgement of the brain, and, to relieve this engorgement, I find Belladonna, during the first twenty-four hours, succeeds admirably. After this stage, I have to meet the results of disease, the bruised and torn blood-vessels, caused through extravasation and pressure. In the majority of instances these are met and covered by Arnica the remedy needed for the next seven days or more. . . . Arnica comes in well there, when there is necessity for absorption of the extravasated blood.—*Dr. Voak—Central New York Society—Advance*.

—**PSORINUM.**—It occurs to me that what we call hysteria may be nothing more or less than an eczema of the nervous system. We have learned that suppressed psora may give rise to asthma, phthisis, gonitis, meningitis, chronic diarrhœa, chorea of heart, fainting with fear. Why may it not be the cause of hysteria? How many people are insane because of an eczema capitis suppressed in babyhood?—*Dr. Z. T. Miller in Allegheny Co. Soc.—Med. Advance.*

—The fifteenth annual meeting of the State Homœopathic Society of Oregon was held in Portland, May 12 and 13. There was a very full attendance and the session was unusually interesting. The following officers were elected for the ensuing year: B. E. Miller, M. D., president; Osman Royal, M. D., first vice-president; H. C. Jefferds, M. D., second vice-president; Orpha D. Baldwin, M. D., recording secretary; H. F. Stevens, M. D., corresponding secretary; A. L. Nicholls, M. D., treasurer. A committee was appointed by the president for the purpose of endeavoring to influence legislation for a separate state licensing board or proper representation on the one already existing.

—**MISSOURI HOMŒOPATHIC COLLEGE.**—On Thursday, March 12, this progressive college graduated John Dryden, Dennis Lyons, R. Y. Henry, W. B. Young, H. L. Lott, E. A. Elfeld, W. W. Minick, E. D. Wilcox, A. Killmer, C. F. Hitchcock, Lina Rosat, J. B. Julian, Frank Saitz, Jacob Smith, Lizzie Lovejoy; Prof. W. A. Edmonds conferring the degree of Doctor of Medicine, while Prof. Foulon awarded the prizes. Of course Dr. Foulon couldn't go through with this perennial exercise without enlivening it in his customary felicitous way. He is full of fun and kept his audience in rare good humor. The exercises were had at the Pickwick Theater and were artistically interspersed with fine music and scholarly addresses.

—**DIAGNOSIS BETWEEN INTRA- AND EXTRA-CAPSULAR FRACTURES OF THE FEMUR.**—Professor Keen, of Philadelphia, gives the following differential diagnosis between these fractures:

Intra-Capsular: 1. Slight injury. 2. Slight contusion. 3. Shortening increases. 4. Feeble crepitus. 5. Leg nearly helpless. 6. Shorter radius of rotation. 7. Pain moderate. 8. Usually occurs in persons over fifty years of age. 9. In women as a rule.

Extra-Capsular: 1. Severe injury. 2. Usually severe contusion. 3. Does not increase. 4. Distinct crepitus. 5. Absolutely so. 6. Still shorter radius of rotation. 7. Pain severe. 8. Usually occurs in persons under fifty years. 9. Generally occurring in men.—*Times and Register.*

—**New Sydenham Society's Lexicon of Medicine and the Allied Sciences.** By Henry Power, M. B., and Leonard W. Sedgwick, M. D. London: The New Sydenham Society.—This is the most complete and valuable lexicon of medical terms ever published.

It is a very extensive work, consisting of six to eight large volumes. It is issued in parts, the first part appearing in 1883, the latest in 1889.

The latest issue is part xvi., from Lin. to Mas., in which the word-symbol "Listerine" is thus defined:

"Listerine—A solution containing the antiseptic constituents of

thyme, eucalyptus, baptisia, gaultheria, and mentha arvensis, with two grains of benzo-boracic acid in each drachm. It is recommended by J. Lewis Smith as a preventive and antidote of scarlet fever, in doses of a teaspoonful, for an adult, every three or four hours."

—HARMONY IN THE PROFESSION.—Conduct yourselves with that dignity becoming one of your profession—and just here I might give you that little fatherly advice usual on occasions of this kind—and that is, to live in brotherly love with your fellow-practitioners. But I know you would not heed me. I know doctors too well for that. Somehow or other they always disagree. Place three of them in a little cross-road town and you have a triangular fight, and you can increase the angle indefinitely, provided your supply of doctors holds out. They are unlike lawyers, something like preachers—that is, they can't agree, for harmony in medicine, like purity in politics, is an iridescent dream. —*Extract from Graduating Address of Prof. Shep. A. Rogers, M. D., Memphis Hospital College.*

—AN EXPRESSION OF CONFIDENCE.—Geo. P. Rowell & Co., of New York, the publishers of the American Newspaper Directory, undertake to rate newspaper circulations very much as the mercantile agencies report the capital and credit of the business community. About one publisher in ten tells his exact issue with truthful precision. Some of the other nine decline to tell the facts because they assert that those who do tell are in the habit of lying. Rowell & Co., after an experience of more than twenty years, have come to the conclusion that this view cannot be sustained. In the twenty-third annual issue of their book, issued in April, they designate every paper that is rated in accordance with a detailed statement from the publisher; and offer to pay a hundred dollars for every instance which can be pointed out of a misstatement for which a publisher is responsible. The AMERICAN HOMŒOPATHIST is one of the papers that is willing to have it known how many it prints and whose good faith the Directory publishers will guarantee.

—DEATH OF DR. WILLIAM OWENS.—The death of Dr. William Owens, Jr., late professor of Pulte Medical College, Cincinnati, O., occurred Saturday morning, May 9, at the residence of his uncle, Dr. J. B. Owens, on South Broadway, Los Angeles.

The deceased was formerly a resident of this city where he has many friends. He was one of the brightest young physicians in Cincinnati, and his loss will be keenly felt by the medical fraternity of that city. At one time he spent two years in South America, where he was surgeon for the Antioqua Railroad. Last December he was seized with a severe attack of la grippe, from the effects of which he never rallied. About four weeks ago he came to Los Angeles hoping to receive benefit, but gradually failed till he passed away.

His wife and his father, Dr. William Owens, Sr., arrived from Cincinnati the day previous to his death. The remains will be taken East for interment, leaving on the noon train to-morrow.—*Los Angeles Paper.*

Dr. Owens, Sr., has our sincerest sympathy in this his severe affliction. Dr. Owens, Jr., as stated above, was an exceptionally bright young man, who was rapidly mounting the ladder of fame. He was a social favorite as well as a skillful physician.

OH-DON'T-LOGY.

DON'T take the Institute West next year. We want it in Chicago for the Columbian Exposition.

DON'T forget that a judicious letting-alone is the very best thing for the baby—especially a first baby.

DON'T be party to any more college quarrels ; they are becoming as epidemic as heresy trials. Stop them !

DON'T accuse the editor of writing with bile when you seek to emulate his style, and apparently for a different purpose.

DON'T use a State Society of which you are an invited guest as a place to wreak your vengeance on some of its members.

DON'T give too much blame to this number for tardiness. Had a fire up our way, which made matters very much confused.

DON'T get angry at what the editor writes and then vent your wrath on an article taken from a non-editorial part of his journal.

DON'T fail to take a certificate for your railroad fare to the Institute from point of starting, in order to secure reduced return rates.

DON'T let us have any more "Commercial" medical colleges. The number is now complete. Let the new ones be endowed institutions with paid teachers.

DON'T promise your patient the moon. You may cure them of the effects of a dogbite, but you cannot guarantee that they will never again be bitten by a dog.

DON'T despair of homœopathic salvation in the event the Institute does not accept your especial plan. In a multitude of counsel there is wisdom—and, frequently, also homœopathy.

DON'T place your hand over your heart and engage in overmuch talk about homœopathy, loyalty, and harmony. Those who make long prayers on the street corners are sometimes mocked and their purposes derided.

DON'T preach the giving of a single remedy in a high potency, one practically out of sight, and at the same time use local applications of Hypericum to the wound. Hahnemann says that isn't any better than alternating.

DON'T raise your vandal hand against the imperishable fame of Hahnemann and then expect to be unmolested. Some of us—a few, any way—still think that Hahnemann is entitled to the glory which attaches to his system of medicine.

DON'T, if you are a visitor at a State society, speak to every question that is brought before the house. And especially do not take the occasion of your visit to advertise your specialty in an offensive way. Remember that opinions differ, and that the day for knocking a man down either with a club or a sarcasm for holding a different opinion with ourselves is past.

REPERTORY OF THE LUNG SYMPTOMS FOUND IN HERING'S CONDENSED MATERIA MEDICA.

By EDWARD R. SNADER, M.D.,

Lecturer on Physical Diagnosis at Hahnemann Medical College, Philadelphia, Pa.

(Continued from page 188.)

HEAT.—Cicuta, Nux Vom., Opium.

HOT.—Sabadilla (flushes).

BURNING.—Aconite, Ailanthus, Ammonium Carb., Ammonium Mur., Antimonium Crud., Arnica, Arsenicum, Asafoetida, Belladonna, Berberis, Bismuthum, Cantharis, Carbo Ani., Carbo Veg., Cina, Drosera, Hydrastis, Lachesis, Lactum, Lobelia, Natrum Carb., Nux Vom., Opium, Phosphorous, Phosphoric Acid, Psorinum, Romex, Sanguinaria Can., Spongia, Sulphur, Sulphuric Acid, Terebinthina, Veratrum Vir., Zincum.

—— in small spots.—Ammonium Mur.

—— as from glowing coals.—Carbo Veg.

—— stitches.—Cina.

—— also stitching.—Sanguinaria Can.

—— rising to face.—Sulphur.

—— from left side of chest up to throat.—Sulphuric Acid.

—— unbearable.—Terebinthina.

—— dull.—Zincum.

DRYNESS.—Agnus Cast., Ferrum, Mercurius, Phosphorus, Terebinthina.

EXCORIATED.—Phosphorus.

RAW.—Æsculus Hip., Gambogia, Lycopodium.

—— internally.—Lycopodium.

RAWNESS.—Ambr., Arnica, Berberis, Carbo Veg., Cistus Can., Hydrastis, Nux Vom., Spongia, Staphisagria.

ULCERATION.—Psorinum, Pulsatilla, Ranunculus Bulb.

—— subcutaneous.—Ranunculus Bulb.

SORE.—Aurum, Phosphorus, Silica.

SORENESS.—Ailanthus, Apis, Baryta Carb., Berberis, Carbo Veg., Eupatorium Per., Hydrastis, Ledum, Magnesia Carb., Natrum Carb., Phosphorus, Sepia, Spongia, Staphisagria.

—— excessive.—Ailanthus.

—— as if bruised or beaten.—Apis.

CHARACTER OF SENSATIONS.

TENDERNESS.—Ailanthus.

ACHING.—Ailanthus.

BRUISED.—Apis, Ferrum, Mezereum, Phosphorus.

BEATEN.—Apis.

PIERCING.—Phosphorus.

TEARING.—Spigelia.

BEATING.—Ammonium Mur., Manganum Acet.

—— like a pulse.—Ammonium Mur.

PULSATION.—Berberis.

TINGLING.—Rhus Tox.

TWITCHING.—Taraxacum.

STICKING.—Antimonium Crud., Ferrum, Rumex.

STINGING.—Colchicum, Mezereum, Rumex, Sulphuric Acid, Zingiber.
 ITCHING.—Ambra.
 OPPRESSION.—Antimonium Crud., Calcarea Carb., Chelidonium, Cistus Can., Clematis, Colchicum, Eupatorium Per., Magnesia Carb., Magnesia Mur., Mancinella, Mezereum, Sabadilla, Stecla Pulm., Viola Odorata.
 SUFFOCATING.—Phytolacca.
 SMOTHERING.—Ailanthus.
 TIRED.—Nux Vom.
 DULL.—Anacardium, Nitrum, Veratrum Vir.
 SHOOTING.—Sulphuric Acid.
 TREMBLING.—Spigelia.
 TREMOR.—Opium.
 SHOCKS.—Secale.
 JERKS.—Valeriana.
 WAVES.—Dulcamara.
 DROPS.—Hepar Sulph. (of hot water).
 NUMB.—Glonoinum.
 ROUGHNESS.—Nux Vom.
 LIKE A PLUG.—Anacardium.
 AS IF SOMETHING WAS TORN LOOSE.—Nux Vom.
 CRAMPS.—Cuprum.

SPECIAL LOCALIZATIONS.

IN THE CHEST.—Æsculus Hip., Agnus, Aloe, Ambra, Ammonium Carb., Ammonium Mur., Anacardium, Antimomium Crud., Arnica, Arsenicum, Asafœtida, Belladonna, Baryta Carb., Berberis, Borax, Bromium, Bryonia, Cactus, Cantharis, Carbo Ani., Cicuta, Cina, Terrum, Gambogia, Kreosotum, Lachesis, Lachenantes, Ledum, Magnesia Carb., Mercurius, Natrum Mur., Nux Vom., Oleander, Phosphorus, Phosphoric Acid, Psorinum, Pulsatilla, Rhus Tox., Rumex, Sanguinaria Can., Spigelia, Spongia, Stan-num, Staphisagria, Sulphur, Sulphuric Acid, Taraxacum, Valeriana, Zincum.
 ACROSS CHEST.—Hamamelis, Hyoscyamus, Mercurius Jode Rub., Terebinthina.
 ON CHEST.—Squilla.
 FRONT OF CHEST.—Aloe.
 CENTER OF CHEST.—Drosera.
 MIDDLE OF CHEST.—Gambogia, Lithium Carb, Manganum Acet., Sepia.
 WHOLE CHEST.—Phosphoric Acid.
 UPPER CHEST.—Phosphorus.
 UPPER PART OF CHEST.—Ambra, Bromium, Chamomilla, Nux Mosch.
 UPPER PART OF LEFT LUNG.—Terrum.
 BOTH SIDES OF CHEST.—Capsicum, Croton Tig.
 RIGHT CHEST.—Antimonium Crud., Belladonna, Natrum Carb., Sulphur.
 RIGHT SIDE OF CHEST.—Anacardium, Carbo Ani., Cocculus, Lilium Tig.
 MORE RIGHT CHEST.—Antimonium Crud.
 DEEP IN RIGHT CHEST.—Ambra.
 RIGHT HALF OF CHEST.—Secale.

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No. 7.

FRANK KRAFT, M.D., EDITOR.

AND Dowling wasn't there. Alas ! Poor Dowling !

* * *

THE rest of us were there. At the International Homœopathic Congress at Atlantic City. All of us. The charming bride and silver-haired but youthful groom were there. All the world's (Homœopathic Convention) loves a lover. The rain and cold were there. Old ocean had no allurements for us. Neither had the nickel-in-the-slot machines strewn along the beach walk with such methodical carelessness. Nor were we unduly tempted to dip our feet in the breakers, the nearer and clearer and deadlier than before, to hear what the wild waves were saying, or to view the latest in bathing "robes." They had no message for our eyes and ears. Neither did we embark on any deep sea voyage, lest, in the absence of one or more of the several sure cures for *mal de mer*, we might be called upon to disembark our internal bark—the mucous lining of our in'ards, so to speak.

* * *

WE saw everybody. Except one. This was a man-doctor, who, running into and over us, failed to be seen by either of the contracting parties until the very last day. However, as he had not been elected president, and the Institute had declined to go to Rhode Island, and he had not attended to that little dental matter, and we have a horror of bastille and gatling, and—but no matter, we didn't see each other. But His Grace the Rt. Rev. Dr. Stout, of St. Augustine diocese, was present and visible, and a touch of his clerical hand gave instant absolution and peace. The other clergyman (limited), Dr. Hall of Cleveland, with the abdominal temperament, was several times quite heretical in his stories ; but he failed not to do that for which he came—to pour oil upon the troubled (college) waters and cement an unbreakable and peaceful peace. Alas ! for the rarity of College peace !

* * *

THE medical Peter was there, fishing for men's subscriptions to his *Journal*. There is but one Fisher, yet he fills the vacuum completely. Never at rest by any clock in the building. Touch and go. Note-book and pencil in hand. Still, remembering that he carries the Solid South on his shoulders, we can forgive the many buttonholes

worn threadbare. Bro. Storke read a report of Homœopathic Progress which precipitated the wildest applause and a column of notice in the next morning's Philadelphia papers. Denver has been a kind foster-mother to our formerly afflicted friend. If he hadn't dyed—not Storke this time, but the other fellow who did dye—his whiskers; if he would stop dyeing he might look older, but his friends would love him more. Dyed whiskers deceive no one except the dyer.

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WELL, come to think of it, is there any law of record forbidding the mutilation of a man's personal appearance by growing a mustache where none had been known to exist before. One of the Fellows did this. Another razed his whiskers down to a peak on his chin. Another came to the front, with a shaven face, who had always appeared covered in public. The Smiths were among our midst. T. Registration Smith, of course; but St. Clair S. was a jolly story-teller, full of sea-water and fun, and on the whole a happy, bright-eyed boy. The Morgan family turned out strong. W. B. did not finish the sessions. Another one gave a unique and universal diarrhœa cure consisting of a half teacupful of boiled cabbage juice to a ten-days-old baby. Another one also had a diarrhœa—but of words—which no opiate contained in cabbage could allay or cure.

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OF spectacles to look through, as well as to look upon, the convention furnished its proper quota. Looking from the reporters' platform upon the sea of upturned faces the glistening of glasses—gold, silver, and steel rimmed—attracted our attention. Our gentler sex wear proportionately more glasses on the nose than the males. It adds dignity and learning to our sisters to have a pair of costly glasses, suspended from a costly gold chain, affixed near the middle third of the clavicle. The glasses for the males are not capable of long-continued suspension. But no bald heads! Poor Dowling! It seems but yesterday that we heard Bro. H. C. Allen read Dowling's happy letter announcing his wedding trip. And now, that great powerful Warwick of the Institute is laid by the heels on the grassy Marathon! First Sawyer, now Dowling. We miss them at every turn.

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AMONG our honored dead—Father David S. Smith, who has entered upon his reward, led the way as a typical pioneer. He was a stalwart; he had borne the brunt of battle and survived its attacks, and when Azraël's wing touched his soul, it went out without a murmur as the fitting close of a well-spent life. But how can we give up our beloved Norton; cut down in the very flower of his usefulness, young and strong, and armed for a long life! But the remainder of the Institute, who came and tasted of its health-giving freshness, are the same in feature and limb, and some even to the raiment. Everybody remarked on the youthfulness of Orme; Jabez P. Dake is the same to-day that he was at Saratoga, Niagara, Minnetonka, and Waukesha. He will be the same at Washington. Not a hair of his head awry; the genial smile as perennial as that of Colfax. Not one day older. Holcombe, tall and erect, courtly and polished.

THE decorations were the inspiration of genius ; we refer now, *imprimis*, to that of the hall. Over the double platform hung an oil-painting of Hahnemann ; amid the flags and bunting over the platform, from the ceiling and walls, on tastily draped shields, were the names of our honored dead, such as Boenninghausen, Grauvogl, Lippe, Farrington, Dunham, Hering, and many others. If you didn't have a few ribbons pinned on or tied to you, you were not in good form. So one of Ohio's fairest daughters—and she had a number of copper-plate cards pinned in various parts of the book she was reading, as trophies of conquests made—well, she devised a little *bijou*—a *ruban d'honneur* for the sons of Ohio's college, a “lovely” study in pink and olive, which was truly fetching. (Foreign quotations in this paragraph warranted or money returned.) A noisy game of some kind under the assembly rooms was a woeful annoyance and hindrance for one or two days until Bushrod W. took the box and called the game.

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MUST we again call attention to English as She is Spoke in the Institute ? It seems so. Forgiving the Englishisms, to wit : the tossk, and ack-know-ledge, and af-four-sade, there yet remain indexes-es, ree-sue-may, effick-ensy, entie-reety, off-ten, eyesolated, dis-cretionai, and last, but not least, a half-hour's talk on pharma-cue-ticks, with no one to give the speaker the proper cue. Oh, yes, this is finical, but it gars us greet to see this learned profession, upon whom, for greatness, the sun never sets, stepping to the speaker's platform, panting as if at the top of the lighthouse with the elevator not running, and reading in a mumbledy mumbledy, half-hearted, count one for a comma, two for a semicolon, and drop voice for a period, sense or no sense, kind of a style ; so that it is a manifest relief to both hearers and reader when the latter again replaces his little finger on the seam of his pants and makes his final bow. How few know, or if they do, remember it during this Gelsemium proving, that Slow and Distinct, like Presidents Talcott and Kinne and Marcus Tullius Couch, can be heard, understood, and appreciated all over the house. A paper that is worth reading is worth reading.

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GATCHELL was there along with the rest of the editorial “boys.” He held up his end of the line with no uncertain or ‘prentice hand, as the mind reader doubtlessly concluded. How he did “warp” it to that ambushed old-school physician, who asked the *Philadelphia Enquirer* if that journal had become the official organ of the Homœopathics. Hear how “Charley” Gatchell answered it :

This exhibition of intolerance and bigotry may be worthy of the days of the faggot and the stake, but it is unworthy the days of the Stars and Stripes. It has no home in this country, and I am sure it has no home in that country that breathes the spirit of the English Magna Charta.

It is not for me, Mr. President, to characterize this in the language it deserves. It has received sufficient rebuke from one who in his editorial capacity represents the people, and the verdict of the people is that there shall always be fair play and freedom of opinion. In an appeal to the people the verdict is always in our favor. The one exception to be made is in this particular, the members of the old-school profession, and in that respect they must be excluded from the ranks of the people.

The spirit of intolerance that has prompted one member of the profession to protest against the publication of the proceedings of this great Congress in the columns of a

daily newspaper, is the same spirit that has prompted their entire profession to begrudge to homœopathy its rights, and to vote to give no recognition to our literature and treat it as if we had none.

The other Ann Arbor "boys" were there—Wood, McLachlan, and Mack—all interested and interesting.

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THEN there was Sawyer of St. Minnepaul, with his stones in a morphine bottle—exhibiting them in the hotel corridors as taken from the kidney of a fair patient, forty-six in number, stones—not patients or kidneys; and anti-psora Decker, who says we write with bile, but found no trace of spleen or gall on closer knowledge of us. Good, old-fashioned ex-Secretary Burgher was a notable figure. Helmuth without a title, because, as Brer. McClelland explained to Secretary Hughes, in Democratic America and Republican England and Empirical other countries, a man as eminent and loved and honored as our Helmuth soon ceases to have titles and becomes simply Gladstone, or Lincoln, Bismarck, or Napoleon. And this tribute to our Helmuth was applauded to the echo! To resume: Helmuth, in speaking of the work of Orifical S. Pratt paid him one of the brightest compliments ever given. It was so sweetly phrased and spoken that a great big capillary blush suffused Bro. Pratt's face and incipient hairlessness, and some suspicious bits of moisture glistened in the corners of his eyes.

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TIMOTHY FIELD ALLEN was there, nimble and active as when last seen at Saratoga, telling what was being done in the new materia medica provings laboratory; speaking in highest praise of the Cyclopædia of Drug Pathogenesy, and being himself complimented on his own inimitable work, which has placed his name imperishably in the Archives of Fame. Taking a front seat and going fast to sleep as at each former session is the trademark and landmark of one member, but weak eyes and age are excusing perdisponants. Price reached the dead level in his paper and held it level. The two Beckwiths, as unlike as two dissimilar similars, were both interested speakers during the Congress. "Fire-eater" Henry wanted Blaine invited to the banquet as well as Harrison. Phillips objected to having the vagina support the uterus.

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OF Richard Hughes, what kindlier thing can be said than that his speech and manner are as gentle and refined as his personal appearance? A tall man, ahigh, broad, noble forehead; gray hair replacing the dark; bright, snappy, sharp black eyes; a long flowing gray beard and mustaches; slightly stooping; a little hard to understand at a distance because of a peculiar inflection to the voice; jumping from his (the upper) platform to the speaker's (the lower) platform with the ease of a boy. An attractive, sympathetic face. Korndoerfer, the Mystic, with that twenty-five-year old face and eyes, yet a gray-haired, long-haired, thin-haired old man until he speaks; then he proves himself vigorous enough to be just thirty-two years old. Gen-

try, the enigmatical old-man-young was present. And Provisional S. Strong was on deck—as he had been actually for a number of days with his ailing little wife sailing from Savannah to the nearest point to reach the Congress—and the Convention was satisfactorily reported. He always comes out strong. What can we say of Dudley? Nothing that will add one leaf more to that laurel crown. He is a remarkably fine executive officer.

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THE college folk was there ; Pulte turned out a goodly number as it usually does each year. Dean Crank, Geohegan, Pauly, McDermott, Monroe, Owens, and others were present. Schneider, Baxter, Jones of Cleveland, Jewett, and Gann represented the new Cleveland College, while Sanders, Beckwith, and Hall looked after the interests of the old college. Both latter colleges, we venture to say, were agreeably surprised to find a petition in circulation and universally signed by the Institute and Congress asking the two colleges to unify. No fight was made in the Intercollegiate Committee. The Kansas City and the Baltimore Colleges were also admitted. Peace brooded over the erstwhile troubled sea of college difficulties. May the Cleveland split be *now* promptly mended ; may one great, big, thoroughbred, honest, homœopathic college, with a homœopathic name, rise from the pooled separate schools ; and may that hand, or those hands, who will rudely or maliciously disturb this homœopathic peace be accursed of all homœopathy loving, peace-seeking patrons and practitioners forever ! Selah !

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YOU ask how much International there was to the Congress at Atlantic City ? Well, England and Germany were ably represented. Other countries had promised attendance, but a most coincidental episode of paralysis, sickness, death, and other important though minor causes, seemed to have swept over the foreign countries and stopped the Westward ho ! jaunt. To those who studied the meetings it seemed but a monster institute session, as the Houses of Congress are but a monster State Legislature. As Helmuth said, there had been a wonderful change in sentiment. Utterances made at this session would not have been tolerated five years ago. As for instance : *first*, it was no longer worth a physician's life (reputation) to say that he found curative effect above the sixth ; nay, even went "out of sight" at times ; and there was no sneer, or contemptible utterance, or questionable question "fired" at the speaker under cover of which to ridicule him ; and even Permanent Secretary Hughes found that base-born psorinum had friends in the Congress notwithstanding a woman had championed its cause. Aye, verily, the Institute do move !

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SECOND, the fierce attacks on Pratt and his work, as inaugurated one midnight hour at Saratoga, no longer materialized ; on the contrary, he had an attentive, enthusiastic audience, and when he appealed for the great sympathetic nervous system as against the lazy-dog nervous system, the cerebro-spinal, he made the welkin ring—stretched

the ring, so to speak—and he towered above his former enemies and detractors, in all his physical and sympathetic greatness. Five years ago they tried to try him for medical heresy ; but—well, never mind about the but ; that's Pratt's business ; let him work that up ; his victory's won. To come back from sky-scrappings, and ring-stretchings. Homœopathy has made visible progress ; not alone in the *materia medica* section, but as well in the purely surgical and mechanical sections ; as *vide* Schneider's plea in the gynæcological meeting for less operative interferences and more careful attention to the honestly, painstakingly selected single remedy and that *potentized*. Are you listening ? Our giant brother-editor, Walter M. James, of the *Homœopathic Physician*, expressed his surprise and pleasure at finding his former impressions touching the "mongrelism" of the Institute to be largely if not wholly an error. Let the good work go on ! "Aye, aye, sir, but torpedoes [scientific homœopaths] ahead, sir !" "——torpedoes ! Go ahead !"

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AH, that *materia medica* day was a rare find ; one that cannot be too highly extolled. It sprang full-armed from the brain of the Homœopathic Congress, with the hammer of the Institute as the accoucheur's forceps. Long may it wave ! In this respect, especially, let the Institute follow copy. And so, also, might it follow the entire business programme. With the exception of the two-o'clock deep-sea sail excursion—and this was a postponed affair—the business sessions were never interfered with. There was ample time to attend the meetings as there was abundance of leisure in which to enjoy the recreatory feature. The banquet we missed, and so far have met no one who survived its customary platitudes. It was doubtlessly a measure of thrift to place it so far along the calendar of the session that but few would partake of the gratuity. With the little exception that some portions of the West and South were apparently ignored in the make-up of the programme no growling or grumbling was heard. It was a vast undertaking, and judging by its results was a master bit of executive ability and business talent.

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THE editorial corps put its feet "under the mahogany" quite numerously. *The North American* was represented by Dillow, Moffatt, Dearborn and Norton. *The Current* was guided along its placid banks by Storke ; Fisher and his double, Engelbach, looked to the interests of the *Southern Journal* ; *The Medical Era* had Gatchell present ; James overlooked the situation for the *Homœopathic Physician* ; *The Hahnemannian* was watched over by several descendants of the Knickerbockers—who are always in the van ; Sutherland had a chart system of Drug Proving which he had published in his *New England Medical* ; and the AMERICAN HOMŒOPATHIST, ourself, engaged in extracting the salient points from the sessions, and "interviewing" its individual members. Some day, somewhere, some of the editors and publishers will learn that a free gift of half a dozen bulky journals is no more valued than the drug samples in the Exhibit Department. It is a pity to see so much valuable literature under foot and wasted in the hall and corridors of the hotel.

VAN DENBURG earned the imperishable gratitude of a tired out audience by asking that his paper—a valuable one, by the way, as we happened to know—be read simply by title. It was that little touch of nature which makes all the world's (Homœopathic Convention) kin. Leavitt was clear and forceful as of yore. The ladies were present almost *en masse*. Doubtless they accord leadership to Julia Holmes Smith, whose rebuke of a section of the Waukesha Obstetrical Section yet rings in our ears. Julia Jump beamed at us kindly over her gold-rimmed spectacles. Martha Canfield was a copious taker of notes. Millie Chapman, in her censorious capacity, kept one eye singled to the membership, the other one on the Permanent Secretary. Sarah J. Millsop held up the blue-grass region, while Amanda Rockwell and Lizzie Gutherz watched the proceedings from a Missouri Standpoint. Other ladies there were, physicians and visitors, who lent color and tone to the audience and did not go to sleep when an extra-scientific paper was let loose. And some of the male species struggled manfully with Morpheus, not always successfully.

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A "SCIENTIFIC GENT," from Cleveland tried to choke off Cowperthwaite. It was of no avail. When he returned to the platform, he raked the "Extreme right [scientific] of our school" in a way that caused the applause and laughter to be equally mingled. The Pharmacoo-tical gentlemen found that their independent fashion of construing what shall be marked tincture, and what the several dilutions would not down with the Congress, and a committee was appointed to adjust this trade jealousy. We may forgive the English party who thought that the British Homœopathic Pharmacopœia was the best and that the h'Americans ought to adopt it, as a bit of wholesome egotism, seeing as how the Americans are THE homœopathic profession for numbers, influence, and wealth.

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A ND he wasn't there! Alas, poor Dowling!

MAJOR CHARLES HAYES, SURGEON CAVALRY BATTALION,
R. I. MILITIA.

By GEO. B. PECK, M. D., PROVIDENCE, R. I.

ROGER WILLIAMS settled Rhode Island. He settled it in more senses than one, as the most obtuse intellect will discover after a moderately protracted sojourn within its boundaries. This Roger was a pretty likely sort of fellow, but he had some peculiar notions not over popular in his day, though quite fashionable now. One of these he labeled Soul-Liberty—in common parlance, the right of any individual to do as he pleases *provided* he does not tread on his neighbor's

corns. A very pious idea that, but, when permitted to run to seed like a fine young man or an exquisite flower, beauty is lost, if not utility. This result has therein obtained after the lapse of two and a half centuries, and the fact is one key to the mysteries of Rhode Island politics, manners, customs, and institutions in general. The present status of the doctrine may well be formulated, One man is as good as another *and a little better!* Its practical result was, for example, until within fifteen years, a militia system in which the officers were held to the performance of their duty by their honor, if not their engagement oaths; but the men by no stronger cord than their own sweet will; a system under which a light battery paraded, in obedience to special orders, with a full complement of commissioned and non-commissioned officers and drivers and but a single private to each gun-carriage and caisson. In political circles it has established methods of procedure scoffed at and maligned by many ignorant of their nature, but vindicated by the prosperity and good order of the various communities of the State. Because we have at least a score of men equally qualified for every elective office, that person shall receive it who among possible claimants has best earned it, proper regard being paid meanwhile to the representation of the several sections on the general ticket. A careful scrutiny of the list of governors who have held office since the adoption of the constitution in 1842 and of U. S. senators, within my recollection, say since 1858, fail to present a single exception to the rule. True, the service rendered has not been uniform in kind or degree, and yet those familiar with the life record of the various gentlemen can readily indicate its character. Burnside, with keen foresight, saved the First and Second Rhode Island, as well as his entire brigade, from complete annihilation in a well-planned trap at the First Bull Run, preserving to the State her best and bravest sons and rendering an obligation that the achievements of Roanoke and Newberne and Knoxville but slightly increased. Anthony educated the young and the old, for an entire generation, in sound principles of morality, government, and statesmanship in his Journal. Aldrich proved himself a sagacious legislator in the humbler chambers before his promotion to the highest. Others, unfamiliar with the sword, the pen, and the forum, provided that which is indispensable to every good work, whether religious, moral, scientific, or political. In each and every case the man did more for the State than the State could possibly do for him—in each and every case the State received *in advance* its *quid pro quo*. Such is the Rhode Island principle of recognition and promotion. In distinct contrast stands the New York system which, if newspaper and other reports are to be credited, has been adopted by Massachusetts. This barely tolerates the existence of men and absolutely debar any honors or preferment save the capricious gratuities secured by sycophantic adulation of some



MAJOR CHARLES HAYES,
Surgeon Cavalry Battalion, R. I. Militia.

self-constituted "boss," with most of the vices and few of the virtues of that distinguished apostle of the cause, the late lamented Wm. M. Tweed. Every community is controlled by the one or the other of these systems. The general intelligence of its members, and the degree of their civilization, are accurately indexed by the extent to which either dominates its councils.

But the most charming fruit of this principle is seen in medical matters. Because one man is as good as another, *and a little better*, what higher qualification for treating the ill and infirm can be found than one's own sweet will to turn a penny in that manner. Perfect independence for each one to do as he pleases in the premises is recognized by the majority of our lawmakers as an inalienable individual right. Consequently there is no obstacle to any homœopath holding any position he may secure ; consequently, also, he has never been subjected to persecution. Had he been tormented in years that are gone he had been a better practitioner to-day, and his purse would have been longer, for party lines would have been sharply drawn and less would be heard of that supremest nonsense, *practicing both ways!* Of public offices he has had a fair allowance, especially in the militia, the number fluctuating according to natural causes, and not with reference to his method of prescribing. It chanced that but one of the three regimental surgeons in the brigade is a disciple of Hahnemann, and he is the subject of this sketch.

Charles Hayes, fifth child of Elijah and Jane Hayes, was born in that part of Berwick, now known as North Berwick, York County, Maine, on the 7th of March, 1840, on a farm originally settled by his great-great-grandfather, and now owned by his youngest brother. His childhood was enlivened by the society of five brothers and three sisters, all of whom are living save the third child, a girl, who died quite young. He attended the district school until thirteen years of age, when an accident to his left leg reduced him to the use of crutches. Regular study and out-of-door sports were alike precluded by this misfortune, which finally resulted in necrosis of the tibia, the last piece of bone being removed in the ordinary method with knife and forceps by himself when serving in the U. S. army thirteen years later. The courage he displayed in this long fight with disease must have been inherited from his grandfather Hiram, who sat up boldly in his chair and firmly extended his right arm to have the hand amputated. Nevertheless, he often remarks that those surgeons who have suffered the intense pain of the knife cutting their own skin never tell their patients "it will not hurt much."

Through the kindness of an uncle, Jacob Hayes, then a practitioner in Charlestown, Mass., Charles received the best surgical advice Bos-

ton could afford. During one of these visits the old gentlemen suggested to his nephew the propriety of fitting himself to assist and to succeed him. After mature deliberation, at the age of sixteen he entered Berwick Academy, South Berwick, Me., and two years later Phillip's Academy, Exeter, N. H., but did not graduate from either, although he is enrolled as an alumnus of the latter institution. In the winter of 1858-59 he taught school and continued to do so each season until the spring of 1862, when he entered the Bowdoin Medical School at Brunswick, Me., having commenced the study of his profession, some time earlier, in the office of Freeman Hall, then of North Berwick, Me., but now of Kalamazoo, Mich.

At the outbreak of the Rebellion young Hayes was anxious to enlist, but for reasons already indicated could not. When, however, the call for nurses came in November, 1862, he promptly responded, no physical examination hindering. He was assigned to duty in the Carver Barracks General Hospital at Washington, D. C., where he gained the attention and favorable consideration of a number of the medical officers. Special privileges were accorded him, particularly in attendance upon autopsies and at the operating room. Early in January, 1863, he was tendered an appointment as Acting Assistant Surgeon U. S. A. He hesitated at first because he had not graduated, but upon the assurance that a diploma is not an essential qualification, having passed the necessary examination and presented testimonials as to his efficiency in the hospital, he accepted it on the 13th and was ordered at once to St. Louis. Here he was assigned to the Jefferson Barracks General Hospital, ten miles below the city on the Mississippi River. In May he was transferred to the hospital transports, sailing as far south as Vicksburg, where he became so ill from diarrhoea as to necessitate his return to St. Louis. Two weeks later when able again to travel he started for Washington, with the idea of returning home, but upon his arrival was persuaded to remain in the service, receiving orders July 10, 1863, to the McKim's Mansion General Hospital, Baltimore, Md. His next remove was to the Annapolis Hospital in the Naval School grounds in September, where he remained until January 31, 1864. On February 15 he was sent to Fortress Munroe, where subsequently he was assigned to duty at Yorktown. Here were fully developed indications of blood poisoning that only intimated their presence at the preceding post. This at length compelled his withdrawal from the service in July, 1864. He had become reduced almost to a skeleton; his right arm was practically useless alike for writing and eating, and yet he remained on duty until the very last instant.

The bracing air of Maine promptly restored Dr. Hayes to pristine

vigor, if not to strength, so he repaired at once to Dartmouth, where he received his diploma in October, 1864. The serious illness of a sister detained him at home most of the winter, but February 15, 1865, found him again an A. A. Surgeon U. S. A. March 12 he reported at Hilton Head, S. C., but on the 24th of April was sent to Charleston, where he was assigned to duty as Assistant Health Officer, executing the functions of that position two successive seasons. The early part of his stay at this port was spent at Roper Hospital, but discharged the duties of Medical Purveyor, and especially attended to the procurement and distribution of vaccine virus. He was placed as Acting Quarantine Officer, in charge of the guard ship, May 13, 1865, from which he was finally relieved, at his own request, September 3, 1866. In January of that year, if I remember correctly, he received the following note from A. P. Dalrymple, Surgeon U. S. V., Act. Med. Director Dept. S. C., which sufficiently explains itself. "In leaving the Department as Acting Medical Director it gives me pleasure to tender you my thanks for the valuable service you have rendered the service by your faithfulness and vigilance in the discharge of your duties as Quarantine Officer for more than seven months at this port. Wishing you success in the future, and a reward for your labor, I remain your obedient servant."

Dr. Hayes's next field of labor was Wilmington, N. C., where he examined recruits for the Fortieth Regiment, United States Infantry. This task having been fulfilled he was sent to Anderson, S. C., December 26, 1866. During his residence here the Blue Lodge and Capitular degrees of masonry were conferred upon him—a faithful index of the estimation in which he was held by the citizens who could not, of course, be accused of overfriendliness to Northerners at that time. December 24, 1867, he was transferred to Laurens, in the same State, where his appointment was annulled, at his own request, May 6, 1868. The ensuing winter he attended lectures at the Harvard Medical School, but did not seek another diploma because of the comparative depletion of his exchequer.

The civic life of Dr. Hayes has been but little less varied than his military. He commenced practice in Fall River, Mass, in May, 1869, but removed to Bayfield, Wis., in September, 1871. He chanced to land in Chicago the day before the great fire, went down and viewed it in its incipency, but finally skipped with his valise quite expeditiously from his hotel, in company with the clerk, the blazing cinders falling at the time in a perfect shower around them. His trunks, fortunately, had been left at the station, whence they were removed in freight cars to the prairie. He succeeded in regaining them two weeks later, undamaged, thus passing through the fire unscathed. A pleasure trip east was

availed of, to marry, in New York City, June 17, 1872, Miss Abby M., daughter of Albert and Ruth Bennett, of Fall River, who has presented him with two daughters and two sons, one of the latter, however, being lost in infancy. In the fall of 1872 he removed to Ashland, Wis., a town just springing into existence on the Wisconsin Central Railroad, to which he had been appointed surgeon. Although his nearest professional neighbor was a hundred miles distant, when that corporation collapsed he went to Chicago (June, 1873), where he opened an office on the west side at the corner of Paulina and Van Buren Streets. Upon the invitation of his cousin, the late Avery B. Foster, M. D., he came to Providence, R. I., in October, 1875, to fill the vacancy caused by the trip of Dr. Robert Hall to Europe. In March, '76 his leg gave out, and for nearly a year was laid up more or less disabled from performing the duties of the general practitioner. However, that fall he posted his shingle on Broad Street, and in April, 1877, took the office vacated by the death of Dr. Charles Loring. The same year he joined the Rhode Island Homœopathic Society, of which he was Secretary for five years, from January, 1883, and President from 1888 to 1890. He was admitted to the American Institute in 1889. He is also a member of the Union Congregational Church.

In the fall of 1877 Dr. Hayes was appointed by Col. J. Lippitt Snow Surgeon of the Providence Horse Guards, and received in the following May, from the Governor, his commission as Surgeon of the First Battalion of Cavalry, with the rank of captain; which was raised, in 1888, to that of major. In 1889 he was Acting Medical Director Brigade R. I. Militia, performing the duties of that office, in addition to his own, while his chief was in Europe. His regular charge is not only his own battalion but the battery of artillery and two unassigned companies (colored). He is the hardest worked officer in the brigade, but he performs his duties to the perfect satisfaction not only of his immediate superior and the general in command (both of whom speak in the highest terms of his efficiency), but also of the officers and men who come under his care. The doctor has also faithfully discharged his duties as one of the visiting surgeons to the R. I. Homœopathic Hospital since the opening of that institution.

In conclusion it may be remarked that socially Dr. Hayes is a great favorite, being kind of disposition, genial in manner, and inexhaustible in anecdote. He is held in high esteem by his associates of all schools. Years of suffering and the misfortune resulting, slight though apparently it be, have rendered him exceedingly sensitive but equally thoughtful of the pains and troubles of others. As a surgeon he is characterized by that caution such a life history would naturally engender.

COUP DE SOLEIL.

By H. M. CARTER, M. D.

WHAT I shall say on this subject will not be so much the actual experience at the bedside as it will be the result of reading and observation for a term of years.

This is a disease of the nervous system causing an overheated condition of the body, and oftenest due to the direct rays of the sun on a hot, sultry day.

It is as ancient as the Bible, for it is written that, "When he was grown that he went to his father in the harvest field, and he said, 'my head ; my head !' and he sent him to his mother and he sat on her knees till noon and then died."

It is common to hot countries, and soldiers on the march are particularly exposed. In this latitude it occurs mostly in cities where, in addition to the rays of the sun, is added the radiation from heated buildings and the dry ground.

There are three forms : the syncopic, where the heat paralyzes the nerve centers which control the heart's action ; the apoplectic, where there is stasis of blood within the brain on pressure on the brain by clot or otherwise ; the heat-stroke proper, where the heat paralyzes the nerve center in the cervical cord that regulates the temperature, causing rapid rise of temperature and consequent disorganization of the blood, if long continued.

Death is generally due to asphyxia, as shown by the engorgement of the lungs and venous system. Autopsies seldom reveal cerebral hæmorrhages as the cause of death.

Symptoms.—An intensely hot and dry skin ; feeling of weight over the stomach ; constriction in the chest, with stertorous breathing ; dizziness, with inability to think or express ideas. Pains mostly on top of the head ; frequent micturition. The patient staggers and falls, more or less insensible.

Coma follows the insensibility, and death, if long continued.

The surface of the body is dry and hot, the temperature ranging from 104° to 110°.

Pulse rapid and feeble, ranging from 120 to 170.

Pupils, contracted at first, at a later date are dilated and insensible.

Vomiting is a characteristic symptom and generally precedes the coma.

Death during convulsions is not uncommon. Its course is the most rapid of the fevers.

Convalescence may be rapid and complete, but is often tedious and incomplete ; the patient often complaining of pain in the head on exposure to the direct rays of the sun.

Diagnosis.—There is but little danger of confounding this with other

diseases, except those attended with unconsciousness. From cerebral congestion it may be distinguished by the strong, slow pulse, the bright red flush to the face, and moderately heated skin of the former, as compared with the livid face and neck, frequent and small pulse, and the excessive heat of the latter. From syncope it may be distinguished by the coolness and paleness of the surface, feeble pulse, and a want of stertorous respiration in the former affection.

The pathology of heat-stroke is as follows: First. The paralyzing of the nerve center that controls or regulates the temperature of the body. Second. The paralysis of the cardiac and vasomotor centers within the medulla oblongata. The regulating power being destroyed, the blood becomes disorganized and depresses the nerve centers in the medulla oblongata, causing asphyxia.

Treatment.—When bleeding was the all and in all the death rate was from fifty to seventy-five per cent. Dr. Gordon reports one cure in twenty-eight, while with more modern treatment he only lost ten per cent.

During the late war the treatment was to place the patient in the shade and pour cold water on the head and aromatic spirits of ammonia internally.

This is considered good treatment to-day, when followed by camphor when the patient can swallow, and later by Glonoin, Belladonna or Gelsemium as indicated. As the danger is from the excessive heat of the body, and its dire results so soon follow if that temperature is long continued, the desideratum is to lower the temperature as soon as possible, with safety to the patient, and at the same time to give tone to the sweat glands in the skin.

As answering these indications, I wish to give you the treatment of one of the Philadelphia Hospitals, as well as others, that has proved eminently successful.

All ambulances are supplied with ice, and when a run is made to a man with heat-stroke he is placed on his back, and the head, neck, and chest rubbed with ice until the arrival at the hospital, when he is taken to the shade of a tree and the hydrant water turned on to him while the physician continues the use of the ice until the temperature falls below 100°. He is then rubbed dry and placed in flannel blankets. Should the temperature again rise above 102°, the process is repeated. This not only reduces the temperature rapidly, but has cut the death rate to a minimum.

Excluding cases complicated with cerebral lesion and those with organic valvular disease of the heart, the death rate should not exceed two per cent., and those due to long continuance of the heat before treatment was commenced.

WHAT IS SANITARY SCIENCE DOING FOR THE INDIVIDUAL OF THE MASSES ?

By D. E. CRANZ, M. D.

BULWER, I believe it was, who said "Nature spares no man." And true it is. Nature does not spare any man. And yet by the Law of Nature man has his existence in the world. Now since man is in the world by the law of Nature—and yet by the law of Nature cannot perpetuate his existence beyond a prescribed time ; it is, therefore, to the interest of every individual to know how best to continue his existence to the full time, and during that time to enjoy health and happiness. And since happiness can only be enjoyed by having good health, happiness will follow if we have the health.

In order to continue his existence, an individual must know what health means, and also what disease means, which is the opposite to health. Health means a continuance of life. Disease is a process of dying, and means death. The contest in the world is the struggle of Life with Death. And if it were not for the development of new life, soon all would be death. Therefore, if sanitary science has to do with the living, it has also to do with the coming life. And according as the living live healthy or diseased, will the coming life be healthy or diseased.

Sanitarians have not only the responsibility of the living of to-day, but also the coming life that will be to-morrow.

The first law that an individual obeys is the law of self-preservation. And next to that is the perpetuation of his kind, and protection of them.

These are points that sanitarians should not lose sight of. Man will, when he can, to a great extent, take care of himself, and not only himself, but also those dependent on him. Now, what sanitarians should demand, and our statesmen make possible, is, that the individual can take care of himself and those dependent on him as far as possible.

The State should be the protector of the life, liberty, and property of the individual, and should not be a stumbling-block in his way. If the laws are such that an individual can provide himself and family with the necessities of life and proper condition in society, then the law has performed its function and the individual and his dependents are happy and contented, and are a strength and support to the State.

But should the laws be such that the individual cannot support himself and family properly, then he and his dependents become restless and dangerous, and the State has the responsibility of a parasite eating of its vitality. And the parasites increase, as the number increase who cannot support themselves.

The individual is forced into the world, if not against his will, at least without his consent. Therefore those that precede him have the responsibility, not only of his coming, but also his care after he does come. And the first sanitary duty, then, of those that have him in charge is, to properly cleanse, feed, and clothe him. And any inability to do so is due to one of two things—either the individual or individuals who have him in charge have been negligent, or the State has laws that stand in his way, so that he is not able to do so.

As sanitation has become a science, which has been brought to its present perfection largely by the physician, we, naturally, expect more from him in the future than from the individual or individuals of any other profession or society. Because it comes directly in his line, and nobody knows better the wants and necessities of the individual.

In this part of our country, or the northern part of the United States, we have frequent and extreme variations of temperature during all seasons of the year. The individual must, therefore, adapt himself to these changes, if he would remain healthy.

Extreme cold is hard on a weak constitution, but no constitution can long adjust itself to sudden and extreme changes without suffering for it.

Some or all of the secretory or excretory organs will, in time, suffer from these changes. And from this cause more sickness, more suffering, and more chronic diseases are brought about than from all others. If it were not for this we would have no "microbe scare." The human body would furnish no food for them to feed upon. But when all of the secretory and excretory organs have become congested and infiltrated with catarrhal inflammation, then we have tissues that are below the normal of resisting power, and the microbe that before could get no hold, now finds food in abundance and devours it.

It is on tissues of this kind that the dreaded disease, diphtheria, finds food for its germs ; and what other zymotic disease is not made more malignant from this cause ?

We have our climate ever with us as a part of our environment, and with it catarrh of all kinds and degrees as a groundwork for all of our other diseases to thrive upon.

I will say nothing of how to cure diphtheria or any of the zymotic diseases, but will say something of how many of the cases may be prevented ; how to prevent the catarrhal inflammation will be to prevent many cases of diphtheria and kindred diseases. And the best way to prevent the catarrh is by suitable clothing. Clothing, therefore, we must have, and good warm clothing, if we wish to escape some of the attacks of catarrh.

The physician comes in contact with all classes of people more than anybody else, and knows more of the evil of improper clothing. And

the people should consult their physician more in regard to what suitable clothing is and the best method to procure it.

This is a question very easily understood, but not so easily remedied as would appear at first sight. It is a question that concerns the "well-to-do" individual, in so far as to understand the best method of applying the clothing. But with many of the laboring and poorer classes the question is not, what is the best? but how to *get clothing* with means that is not sufficient to get what is needed. This, now, is the question: Protection—for the individual, that protects—that he can feel. Improper clothing often means poor health. And when there are so many who have not the means to supply them by their labor or income—the question naturally comes up: How can we supply this want? Some may say do more charity work. But:

The poor want not charity to clothe their back;
It's full buying capacity of their dollar they lack.
The poor want not charity; they spurn it away.
It's full remuneration when they work by the day.

There is no way we can so well compare the results of good and poor clothing as by the report of the health officer of the District of Columbia for the past four or five years. There the whites are better clothed than the colored. The colored people there are very poor, as a class. And there are constant additions to the population from further South who are not only not acclimated, but also not suitably clothed for the more severe climate than they have been accustomed to. The white population is much better off, and the additions, coming from all over the country, are progressive people and very well clothed, as a rule.

There may be other reasons why the death rate among the colored is twice as great as with the whites—one very important reason is because they are not so well clothed.

The strict sanitary laws of the district have gradually reduced the death rate—but, for all that, the proportion between the races does not materially change. Another point worth bringing out is the fact that the births, among the colored people, are much below the deaths, which is not the case further South, where the question of clothing does not play so important a part. I do not think we need better evidence than this that clothing should have its full share of attention with sanitarians. Now what all physicians, as sanitarians, should demand is, that all tax on clothing be taken off, so that when a laborer has earned a dollar he can purchase a dollar's worth of that which he must have to maintain his existence. I hold no grudge against the colored man. My sympathies are with him. But while the colored race is multiplying and flourishing in the South, almost without clothing, as

little is needed, should we add a tax to the clothing that our Northern laborers must have and compel them to pay for both clothing and tax? You can see how our present tariff laws discriminate against the Northern laborer.

I do not bring this up as a political sentiment, but to make a move in the right direction to relieve the oppressed laborer of the North, who cannot live in a proper sanitary condition in this climate without proper clothing.

Why do we tax labor, any way? the bone, sinew, and foundation of our nation's prosperity. There is something wrong here—we have too many poor and are making more.

It is for the interest of a government to have each individual take care of himself in so far as self interest goes, and when it does not permit this it has a parasite in the individual, which it must feed. If a pauper is a parasite who feeds on society, then why do we force so many to become such of necessity?

Sanitary science is all right and has done a great deal of good, but it will never come to full maturity and reach its highest good until the individual of the masses is better clothed. During the summer months the poor get along comparatively well. But in winter—

The north winds come and blow so wild,
They come and chill the pauper's child.
The pauper's child, when clad so thin,
Cannot resist the cold from within;
The warmth from his meager fare
Will not keep vi-tal-i-ty there;
The pauper's child, and many there be,
In this land, in mockery of the free,
Who can ill afford to stand the task
Of winter's wind and blizzard's blast.

WADSWORTH, O.

THE CARE AND DISPOSAL OF THE DEAD.

By T. T. CHURCH, M. D.

CONSIDERING this subject from the standpoint of sentiment, it is a very delicate one to handle. When a friend, a near and dear relation, dies, the house in which that spirit dwelt must be treated tenderly; nothing must come near it or in contact with it that is any way rough or coarse, but it must receive the very gentlest consideration that it is possible for the kindest friend to offer; in fact, sometimes, and I am sorry to say it, it is accorded more tenderness than when it still contained its inhabitant, the soul. But it is not my intention to treat this matter from the standpoint of sentiment.

The work of a sanitarian is that of an educator, and while, at the start, he may preach doctrines that seem subversive of long-established rights, yet as the people appreciate the benefits to be derived from heeding his counsel and exchange their state of ignorance and bigotry for enlightenment, and place themselves in line with the educated thought of the times, they realize the good he is doing and are ready to give him their cordial support.

Formerly, when an epidemic came and counted its victims by hundreds and even by thousands, the people saw nothing more in it than a visitation of God's wrath for their sinfulness, and offered up prayers and sacrifices that the awful calamity might be removed from them. Now we have fewer of these reigns of terror, and when they do visit us, it is not the custom to fold our hands and to implore the Lord to remove this judgment from us, but it is realized that some one or some body of people has been disregarding the laws of sanitary living, and measures are taken to stamp out the disease and put the surroundings in such condition that disease germs cannot flourish.

When, a few years ago, the cholera visited Memphis it was, by all reports, one of the dirtiest cities of the world, and had everything prepared and set in readiness for receiving such a visitor, until the death-rate became so high it was either necessary to abandon the town entirely or clean up the filth. The latter course was decided upon, and now the city can no longer be quoted as having an exceptionally high zymotic death rate.

Small-pox, being such a loathsome disease, has been dreaded, and sanitarians have received the cordial co-operation of the citizens in any efforts they have made to restrict its ravages, and people generally would as soon think of having a public funeral in case of a death from small-pox as they would of attempting, with present appliances, to fly, starting from the top of one of our lofty city buildings. Yet, in case of diphtheria or scarlet fever, it is not yet such an uncommon thing to have public funerals, when children are allowed to be present and come in close contact with the corpse, thus spreading the disease from house to house.

When death has been caused by a non-contagious or non-infectious disease, the body can be kept a reasonable length of time with safety to the living, but when a contagious or infectious disease was present, the body is a source of danger to the family and community at large, and should be so cared for that no new case may come from it. The body should be thoroughly disinfected, the articles of little value that have come in contact with it should be destroyed, and the bed clothing placed in boiling water to which some disinfectant has been added, and the room and house thoroughly fumigated by burning sulphur. The friends and relatives ought not to make frequent visits

to the house, unless, of course, they go to assist in making necessary arrangements for the funeral, and a very proper way of showing their respect and sympathy would be by following the remains to the cemetery or crematory, without entering the house at all.

The State Board of Health recommends that the body of any person dying of cholera, small-pox, yellow fever, typhus fever, scarlet fever, or diphtheria shall not be taken into any church, chapel, or other public place, and the funerals of all such persons shall be strictly private; and in the care and disposal of persons who have died of any of the diseases named above, the undertaker or other person in charge of the funeral shall, within six hours after death, completely envelop the body in a sheet thoroughly saturated with a solution of bichloride of mercury, in the proportion of one ounce of bichloride of mercury to one gallon of water; the body shall then be placed in a casket and buried or cremated, as soon as circumstances will admit, and in no case shall the body be unwrapped or the casket opened. If the body is to be carried on the cars, in addition to the above, it must be inclosed in an air-tight casket.

Many are the ways in which the body has been disposed of after death, and, no doubt, you are all as familiar with them as I; but the main object in preparing this paper is to call your attention to some of the evils in connection with earth burial, as at present practiced in our country, in the hope of arousing your interest in the matter as sanitarians as well as physicians, that your talents may be exercised in devising some better means than now exist to accomplish the same results: the returning of the elements now in our bodies to the common stock from which we all draw our supply. Scientists tell us there are just as many atoms at present in our world as there were originally, and what we claim as ours, is really ours only for a short time—with us to-day and off to-morrow on some other mission of usefulness—so it becomes mandatory upon us to so dispose of the material body after death, that it shall not become a source of disease, suffering, and death to others of our species.

Sanitation, or better living, has made wonderful advancements, and our chances for having longer lives are continually improving, but there is still plenty of room for further change for the better. It is an accepted fact that as a city increases in population, so should the death rate become greater, but by attention to sanitary matters this so-called fact can be shown to be a mistake, and London furnishes a wonderful illustration of the benefits to be derived from attention to sanitary improvements, and in this great city "the chances of reaching old age are nearly as good (quite as good in many parts) as in the healthier districts of rural England. The mean annual mortality of the rural districts of England during the thirty-one years, 1851-81, was 19.4; that

of the urban districts during the same period was 24.0 ; that of London was 23.5. The mean annual mortality of London during the last fifteen years has been about 22.5, as against 24.4 in the thirty-two years, 1840-71; 36.0 in the ten years, 1746-55, and 42.0 in the ten years, 1681-90. The earlier death rates are from Greenhow, as quoted by Pettenkofer, and are those of the most favorable decades. According to Dr. Farr, the mortality of London, during the second half of the seventeenth century, reached 80.0 per 1000, and during the eighteenth century, 50.0 per 1000. The character of the population in the rapidly growing American cities changes so frequently that general death-rate statistics are not very determinate. Dr. Rauch finds, however, that the sewerage of Chicago has had a marked beneficial influence on the death rate. His figures are as follows :

"Fourteen years, 1843-56, prior to sewerage 37.91
 Fourteen years, 1857-70, following the introduction of sewerage in 1856 23.97
 Fourteen years, 1871-84, with more complete sewerage and better water supply, * 21.40."

From the March number of *The Sanitary Era* I find the death rate of London, with a population of 4,492,707, to vary between 16.98 in September, 1890, to 26.53 last January, and the zymotic death rate to vary in the same months from 2.88 to 1.95 ; in 28 cities of Britain, with a population of 10,010,426, the general death rate to vary from 19.18 in October, 1890, to 25.7 in January, and the zymotic rate from 4.9 in September to 2.18 in January. From the same authority Chicago, with a population of 1,200,000, has a general death rate of 16.58 and a zymotic rate of 4.37 for last January.

I think I am correct in stating that sanitarians consider the zymotic diseases the most amenable to approved and improved methods of dealing with them and measures instituted to stamp them out, but as long as we persist in interring the bodies dead of these diseases, we do not act up to the full knowledge we have of cause and effect.

Earth burial as practiced in the time of the founding of the Jewish race was an entirely different matter from that witnessed in the present day, for then a body was wrapped in linen and laid away in a cave, or directly in the earth, while now it is the custom to embalm and then clothe with woollen garments and place in many cases, in an air-tight casket, before consigning it to the ground. In ancient times, with thinly settled communities, there was not the same danger as is present now when large cities are becoming so numerous.

In the Jewish quarters of Prague is a cemetery, small in extent of surface, surrounded on all sides by a densely packed population, but

* Copied from a paper on "The Influence of Sewerage and Water Supply on the Death Rate in Cities," by Erwin F. Smith.

large as to the number of graves it contains, and whose general surface is higher than the streets around it. As you know, it is sacrilege for a Jew to remove a body after it has once been buried, and so the ground has been used over and over again until clusters of gravestones of varying heights can be seen, testifying to the number of times the ground has been used.

In Tower Hamlets Cemetery it is said that a quarter million bodies are buried ; if you think of it, an immense task for the ground to absorb the gases from so many decomposing bodies.

A few months ago, at a meeting of sanitarians, I heard the statement made that on removing a sheep's pelt which had been buried some twenty-five years before, it still retained disease germs of anthrax in a state of activity and ready to attack the first victim who came within their reach.

In the same line with the above, can be given the experiments of Pasteur, who, it is said, took some earth from the surface under which a cow had been buried and inoculated some guinea pigs and they all died ; while others which he inoculated with pure earth lived on, showing that the earth had not destroyed the disease germs.

Besides poisoning the soil and the air above it, a decaying body has a most pernicious effect on the water, making it unsafe to drink and yet allowing it to appear the most attractive. I might cite the experience I recently had with some well water, in two houses about a mile apart ; typhoid fever had occurred, and there was some suspicion cast upon the well water by outsiders, while the owners in each case firmly believed the water to be all that any potable water should be, as they had used the wells for years and the water was perfectly clear ; two samples were sent to a chemist for analysis, and the reports came back that each water was unsafe, and unfit for household use, one well containing urine and the other drainage from a cess-pool. It has been proven in so many instances that diseases have been carried by means of the ground water that it is a matter for surprise that so little attention is paid to this part of the subject, and bodies are being buried daily in locations the most favorable for reproducing the diseases from which the person died. When the water we drink becomes contaminated with disease germs it is truly a dangerous thing, because of the notorious fact that it may be clear, bright, and sparkling, and yet contain the most deadly disease germs.

When a town is first laid out the cemetery is usually situated at some distance from the dwellings ; but, as the place grows, the homes of the living come closer and closer to the homes of the dead, until the latter are entirely surrounded, as can be seen in many of our cities, and our little city can be named as an example. We have now within the corporation four cemeteries, which in the memory of the older inhabitants

were originally remote from the dwellings, but are now very close to the well built-up parts of the town, and the experience of the Western Indians and the settlers is being enacted here between the dead and the living, and the dead move on. A few years ago the bodies from one cemetery were removed to make way for a business block in the heart of the city. Last spring our council passed an ordinance prohibiting the interment of bodies in three of the remaining four cemeteries, and now the remains are being removed from the front part of one of these that the ground may be sold for dwelling lots. The living demand all the space in this world and we have no room for graveyards.

A much more scientific way of disposing of the dead would be cremation, and were it practiced a little more frequently, would grow in favor with the people and would not be considered any more revolting than the consignment to the earth, while decidedly more efficacious in destroying the germs of disease.

SALEM, O.

THE IRRITABLE MUCOUS MEMBRANE OF THE GOUTY SUBJECT.*

By J. GALLEY BLACKLEY, M. B., LOND.,

Senior Physician to the London Homœopathic Hospital.

I N looking over the voluminous literature of gout, it has always appeared to me that too much space is given up to speculations upon the precise nature of the disease, and too little to its more subtle manifestations. So far as its commoner and more tangible phases are concerned, there is no lack of knowledge, but it is surprising how little has really been done to reduce to something like order the material we possess in the accounts of its effects upon internal organs, more especially those where the mucous membranes are chiefly involved. It is for this reason that I have ventured to choose as the subject of my paper for this evening the irritable mucous membrane as it occurs in the gouty subject. There is a common saying in Germany that two things are inevitable to mortals here below, "death, and the third class of the order of the red eagle"; if for "mortals" you substitute "medical men," then I think we may say that sooner or later the gouty patient with a sensitive mucous membrane is sure to present himself.

With acute gout, and with chronic gout so far as it affects the joints, or leads to the well-known local deposits of urate of soda, I do not propose to deal. It is with the latent, or suppressed form, that we are concerned this evening; in fact, with the entity which goes, for want of a better term, under the name of the "gouty diathesis," and the evidences

* Read before the British Homœopathic Society, April 2, 1891.

of which are frequently seen only in disturbances of the respiratory, digestive, urinary, or cutaneous systems or of the brain.

I. *Respiratory Sphere.* In order to give you a connected idea of what the effects of gout are upon the respiratory mucous membrane, I will endeavor to draw a picture, from the life, of a patient whom I have in my mind's eye at the moment; reminding you that the respiratory tract is a continuous mucous membrane, commencing with the conjunctiva and continued through lachrymal ducts, nasal cavities, pharynx, larynx, trachea, bronchi, and bronchial tubes to the finest bronchioles and their terminal air-cells.

CASE I.—Mrs. T., aged fifty-five, is a well preserved lady of sanguine temperament, German by birth, rather inclined to *embonpoint*, with gouty antecedents and a history of undoubted attacks of gout, in the shape of articular gout (of which traces are still evident in distorted finger joints), eczema, asthma, deafness, urate of soda deposits, and passing of red gravel. The conjunctivæ are usually slightly injected, and the lids somewhat red at the edges, and she frequently complains of a gritty feeling under the eyelids (no tophi are to be seen in the conjunctivæ). The nasal mucous membrane is pale, somewhat swollen, and rather inclined to a dusky hue; coryza occurs on the slightest provocation, and is generally accompanied by much stinging and smarting about the posterior opening of the nares; the tongue is large, pale, covered with a thin whitish coat; uvula relaxed, pale or dusky, not pink, and showing dilated veins. The epiglottis and neighboring parts somewhat turgid and injected. The voice is usually rough and apt to assume the ægophonic character, especially after exposure to damp, and this is usually followed by a loud barking or ringing cough. Breath sounds over-cricoid, trachea and bronchia usually harsh or stridulous. At the margins of the lungs, in front and behind, are limited patches of over-resonant lung, indicating slight emphysema. Breath-sounds are everywhere somewhat harsh and expiration prolonged, and a slight mucous râle is usually heard over various parts of the chest. As regards the alimentary sphere, primary digestion is good, and the patient takes an ordinary diet with whisky as a beverage (freely diluted of course). She is frequently troubled with attacks of bilious diarrhœa, and has some piles. The urine is free from albumen, but has from time to time contained sugar. Uric acid is usually present in quantity, and is voided as red gravel. This I may remark is a fairly typical case, and affords a good idea of the quiescent stage. So far as the urinary symptoms are concerned, it may be taken as even more characteristic. The writer of the article on gout in Quain's *Dictionary of Medicine*, in speaking of the connection existing between gout and uric acid, is of opinion that in chronic gout, uric acid is deficient in the secretions and urea is steady. This is quite opposed to my own experience, which has been almost in-

variably that the uric acid is in excess, while the daily excretion of urea is diminished ; this is, in fact, what one would expect if we look upon urea as the ultimate product of the oxidation of nitrogenous waste material. In some, at least, of my cases I have found the percentage of urea in the urine and the total daily excretion to be below the average, while free uric acid has been as constantly present.

You will doubtless have gathered from my description that such a patient is constantly in a condition of unstable equilibrium, and liable to acute catarrhal attacks. These may arise from a variety of causes : cold, fatigue, emanations from decaying vegetable matter (particularly moldy straw), etc. Independently of the fact that these acute attacks differ but little from those seen in non-gouty patients, to attempt anything like an exhaustive description of them would require a whole evening, so I will not attempt it. I may, perhaps, be permitted, however, to give you, firstly, another sketch, from the life, of an acute respiratory catarrh occurring in a patient who, at the best, is in what I have called a condition of unstable equilibrium ; and secondly, a few points of interest relating to such attacks generally, more especially in the matter of treatment.

CASE II.—Mrs. X., æt. sixty-eight, has suffered with occasional attacks of articular gout for more than twenty-five years, and has visited nearly every foreign spa of any repute in the treatment of gout. In her ordinary or quiescent condition she affords an excellent example of the class of case I attempted to describe ; the condition which may in a few words be summed up as “irritable mucous membrane.” Caught a cold on October 5, while returning from Bath, and sent for me on the 10th. This resulted in a prolonged sojourn indoors, during which time, to relieve the distressing night cough, I snipped off about $\frac{1}{4}$ in. of elongated uvula. Bronchial symptoms remained troublesome, and the patient, although rising at eleven every day, remained in one room. Expectoration was almost *nil*, but coryza persisted for ten days ; ten or a dozen handkerchiefs were used daily. Menthol and boric acid snuff so long as used relieved this, but did not cut it short. The patient complained of much pain behind the sternum, striking through to left shoulder-blade, and in the left hypochondrium. For this Bryonia and Kali bichromicum were used with good effect. Inhalations of the oil of pumilio pine, prepared according to the Throat Hospital pharmacopœia, gave considerable relief, as did also the use of the chloride of ammonium inhaler. Arsenicum and Kali hydriod. were given internally most of the time. The muscular pains in the shoulder spread to the trapezius muscle on both sides, and in the hypochondrium became aggravated to such an extent that I prescribed a course of massage at the hands of an experienced masseuse. This had been commenced less than a week, when, one day (January 1, 1891), after a morning temperature of 99°,

the patient was seized at 4 P. M. with a rigor, and on my seeing her the same evening I found the temperature 101° ; skin hot and dry. Aconite was given. Next day the afternoon temperature had risen to 101.8 ; slight perspiration had occurred in the night, but the skin was again dry. The attack rapidly developed into one of lobular pneumonia, and its further progress will best be understood by reference to the chart which I here hand round. The patient made a slow recovery, the attack of pneumonia being followed by one of pustular eczema, and this in its turn by one of general pruritus.

Coryza occurring in the gouty patient is usually of the variety called fluent, and may often be cut short by the use of a snuff composed of menthol, boric acid, and ground coffee.

If in spite of treatment the catarrh should descend still further, it usually attacks fauces, pharynx, and larynx simultaneously. When examined in a good light (which, by the way, in gouty patients is frequently not the easiest possible operation on account of the extreme irritability of the fauces) we find the mucous membrane everywhere has lost its pale and smooth surface, is florid and uneven, with the surface capillaries very much distended, a small vein along the front of the uvula being especially prominent. The epiglottis, false and even true vocal cords are red and injected, and as would be expected the voice becomes raspy in consequence and the frequent cough is of a noisy, barking character. Acute laryngitis is fortunately rare, but the sub-acute form is exceedingly common in gouty patients. The cough is frequently very distressing, especially in the night, being kept up by the mechanical irritation due to the lengthened uvula. This troublesome state of matters may be at once relieved by snipping off a portion of the pendulous uvula by means of a curved pair of scissors after first well spraying the uvula with a three or four per cent. solution of cocaine.

Chronic bronchial catarrh, commonly called chronic bronchitis, is of such exceeding frequency, both in the out-patient rooms and in the wards of all hospitals, that I will not waste the time of those present by attempting to describe the symptoms of a disease well known to all. It will naturally be asked in what respects cases of chronic bronchitis occurring in gouty subjects differ from the rank and file of the cases met with in hospital practice. I will therefore enumerate what I consider to be the chief points of difference between an average case of chronic bronchitis as met with in hospitals and the same thing occurring in an undoubtedly gouty subject.

Firstly, then, we have the history of the patient, which on careful scrutiny will usually furnish a record of gouty troubles of a more or less pronounced kind, either in the shape of articular gout, of attacks of eczema, of asthma, or red gravel, or of renal colic, with voiding of uric acid calculi. In patients over sixty, deafness, if associated with the

corresponding opacity of the membrana tympani, will frequently furnish a clew as to the nature of other obscure bronchial ailments. In the actual condition of the patient we usually find more or less distortion of joints, especially of fingers and toes. If actual eczema be not present, it is exceedingly common to find an irritable patch of skin on one or both shins, generally slightly pigmented, and frequently presenting marks of cicatrization of an old ulcer. The urine as a rule is dense and hyperacid, depositing uric acid crystals when an acid is added to it. As regards the bronchial catarrh itself, it is usually of the variety known as catarrh sec, the amount of expectoration being sometimes exceedingly small, differing completely in this respect from the humid variety as we know it in hospital practice, where the quantity is generally enormous, and where bronchiectasis, due to dilated bronchi, with night sweats and clubbing of finger-ends is so common. Genuine attacks of spasmodic asthma I look upon as almost pathognomonic, for these will be found on careful examination to alternate with other undoubted outbursts of a gouty character, as eczema, indigestion, or articular gout. Attacks of dyspnoea, closely simulating asthma (so-called bronchial asthma), are also very commonly met with. These, as was pointed out eighteen years ago by my father, are due not to spasm, but to a temporary œdematous condition of the mucous lining of the smaller bronchial tubes, and culminate usually in copious expectoration of clear serum-like fluid. Emphysema, although commonly met with, usually occurs only to a limited extent, and does not actually endanger life as in so many of our hospital cases.

II. *Alimentary sphere.* Here the gouty diathesis, or poison if you will, make its presence known by disturbances affecting parts of the alimentary mucous membrane. It has been urged by some authors that these are merely internal disorders occurring in gouty persons and differing in their nature and treatment in no respect from those usually observed ; or, in other words, that they possess no specific gouty character ; but there can be little doubt that the gouty diathesis, if generated in a constitution too weak to develop the local affection in the extremities, is productive of various disorders affecting internal organs, most frequently those of digestion and excretion. When, moreover, in connection with the generation of the gouty diathesis the constitutional powers have been greatly impaired and the functions of excretion weakened, numerous internal disorders result whether the patient may have experienced a fully formed fit of gout or not. It is a common experience, at least under homœopathic treatment, that patients who in middle life have suffered from attacks of articular gout, at a later stage are sufferers only from affections of the excretory, respiratory, or alimentary organs.

Commencing with the buccal cavity and its contents, we find the lin-

ing membrane pale, smooth, and somewhat pearly in appearance ; it presents distinctly less unevenness of surface than is met with in a young, healthy subject. The gums are apt to be spongy, and are often retrocedent, leading first to exposure of the neck of the tooth and finally to loss of the same without caries, an affection perfectly well-known to the dentist under the name of Rigg's disease. For this reason our patients are not infrequently edentulous, or at best have but the substitute provided by the dentist.

The tongue is large, smooth, pale, not indented at the edges, and usually covered with a thin, whitish coat ; not seldom, too, it is very sensitive to the contact of acids or spices from the presence of cracks down the center.

The patient constantly complains of dryness of the mouth, and occasionally there is an abundant growth of *Leptothrix buccalis* to be found on examination near the hinder molars. (This ought to direct one's scrutiny to the urine, for it is by no means uncommon to find this condition of mouth associated with temporary glycosuria.)

Little need be said as to the condition of the soft palate, uvula, and pharynx, except that they too are usually pervaded with the same feeling of dryness, a condition of things which naturally enough leads, even after very complete mastication, to real or fancied inability to swallow.

A condition of subacute œsophagitis, with severe pain referred to the cardiac end of the stomach, is by no means rare during the progress of gouty indigestion. The pain is aggravated by swallowing, and is produced equally by liquids or solids.

In the stomach itself we have gastralgia, usually alternating with other symptoms. The appetite is usually fastidious or impaired, but not seldom unnaturally keen, a symptom probably caused by the condition of vascular erethism of mucous membranes, which is a special feature of the disease, and a symptom, moreover, which requires to be studiously disregarded by the watchful physician. Distention and pain at the epigastrium, acid or acrid eructations, nausea or vomiting, painful oppression, flatulence, palpitation, with mental depression, anxiety, or hypochondriasis. Tenderness and fullness in the region of the liver are common symptoms, with constipated clay-colored or olive-green stools, indicating lack of healthy bile. That the functions of the liver are often seriously interfered with is also sufficiently indicated by the frequent occurrence in gouty patients of a certain type of temporary or even permanent glycosuria.

Although constipation is the rule, attacks of bilious or abilious diarrhœa are frequent in individual cases. These may be preceded by severe pain in the region of the gall-bladder, sometimes amounting to true hepatic colic with its usual concomitants of icturas, bile in urine,

and general pruritus. In patients habitually constipated hæmorrhoids and pruritus ani are almost invariably present, and the contractile power of the large intestine has usually been largely interfered with by steady use of aperient medicines or enemata. The patient's anxiety on this score is usually almost amusing, a period of forty-eight hours passed without a stool being a sure prelude, in the patient's mind, to an attack of stercoraceous vomiting, and this in spite of all the cheering assurances of the physician to the contrary.

Our patient occasionally has attacks of true colic, especially after exposure or after eating indigestible articles of food, colic which reminds me always of the true lead colic I saw in the wards of the Gumpendorff Hospital in Vienna in 1870-71.

It will be noted that all these symptoms may be truly styled functional or nervous, very rarely inflammatory.

In order to impress upon your minds the most ordinary of these gastric and intestinal symptoms in their quiescent state, I will again give you a sketch from the life of a patient who, even at his best, suffers either constantly or at frequent intervals from disturbances of the alimentary tract ; usually from catarrh, frequently but by no means always associated with bronchial catarrh.

CASE III.—Mr. S., aged seventy-two, of sanguineo-nervous temperament, tall and erect ; retired merchant ; a Yorkshireman by birth, but has lived forty years in London. Has lost nearly all his teeth, all but a very few of the lower incisors being replaced by artificial ones. He has been a sufferer for many years from gastric and bronchial catarrh at frequent intervals ; occasionally from eczema, asthma, jaundice, or glycosuria, and more rarely from slight articular gout. He is at all times extremely anxious about his health, and when ill becomes positively hypochondriacal. Has been treated homœopathically for the last forty years. In his ordinary quiescent condition his complexion is ruddy and he is moderately stout (twelve stone). His tongue is large, not indented, smooth on the surface, pale, and covered with a silvery fur. The fauces and pharynx are smooth, bluish, and show numerous enlarged veins. He suffers from flatulence as a rule, and frequently from distention at epigastrium and palpitation (sometimes very severe). The appetite is usually keen and he has an inordinate love for sweet things. Takes very little wine, no beer or spirits. Liver usually normal in dimension and no fullness to be made out over the gall-bladder. Bowels usually regular ; has piles which do not bleed. Urine generally deposits crystals of uric acid when allowed to stand, and after the slightest cold a copious deposit of amorphous urates. Sp. gr. averages 1022, and rarely rises above 1028, even when sugar is present, as happens occasionally. Bilious diarrhœa, usually due to some error in diet, occurs somewhat frequently, and the patient has had one attack of

hepatic colic since I knew him, although no gall-stones were passed, only inspissated bile. Also several attacks of bronchitis.

I have referred to the occurrence at times of a saccharine condition of the urine in gouty subjects. This occurs with considerable frequency, and should be looked for in all patients who are the subjects of gouty dyspepsia. Probably the reason why it is so frequently overlooked is that the amount of inconvenience to the patient is so slight; the urine is rarely increased in quantity and but little in specific gravity, and the percentage quantity of sugar is as a rule small. Without venturing upon speculations as to the causation of glycosuria, I would merely mention as a somewhat significant coincidence that such cases as I have seen have invariably been in dyspeptic subjects, and usually such as were liable to definite liver attacks in addition to other gouty troubles. This form of glycosuria is usually, though not invariably, transient, a few weeks or months at most being its usual duration. I have, however, one patient, an old man of seventy-five, who has been a sufferer for five years to my knowledge. It is important to be on the *qui vive* for the probable occurrence of such a symptom, and quite as important to let the patient or his friends know of it and of its probable cessation within a few weeks, for failing this it is by no means uncommon for the patient to consult another medical man, who pronounces the case to be one of diabetes, and suggest either a visit to a well-known specialist or a six weeks' sojourn at Carlsbad, either course being, as I think, totally unnecessary. It is, in my opinion, precisely this class of cases of temporary glycosuria that have earned for Carlsbad a reputation for the cure of genuine diabetes, a reputation which I should be only too glad to see justified in practice; but so far I am bound to say that all the cases of undoubted diabetes which I have seen after a sojourn at Carlsbad have returned uncured. To commence with, I find that the symptom may be disregarded altogether; I have never seen any ill-effect from this course, and spontaneous cessation of the saccharine condition of the urine has always occurred within three or four months, except in the single case I have mentioned above. Even in this last the only troublesome condition associated with the glycosuria is cataract in one eye, and it is hard to say that this would not have occurred in any case.

GLOBULES.

—LORD PALMERSTON'S INK-STAND.—It is related of Lord Palmerston that he so thoroughly appreciated the necessity of exercise to one engaged, as he was, in sedentary work, that he had two high desks, one at either end of his room. On one he did his writing standing on the other he had his ink-stand, so that every time he wanted ink, he was

obliged to walk twice the length of the room. Whether this story be true or not, it points an instructive lesson.

—From personal experience I know the use of vinegar to be most excellent as an antidote for overdose of Aconite.—*Virginia T. Smith.*

—As a perfectly harmless, yet effective, agent for whitening discolored teeth, it is recommended to employ hydrogen peroxide made into a paste with prepared chalk or cuttle bone.—*N. Y. Med. Times.*

—It has been found that a dose of strong alcohol shortens the time that food remains in the stomach. It has also been found that a good many doses of strong alcohol shorten the time that one remains in the world.

—In severe paroxysms of coughing, either from coughs, colds, or consumption, one or two tablespoonfuls of pure glycerine in either milk, or hot, rich cream, will afford almost immediate relief.—*N. Y. Med. Times.*

—WILLIAM H. VANDERBILT AND HIS APPETITE.—“A good night’s rest and an appetite for my breakfast,” was the Christmas present the late Wm. H. Vanderbilt told his little grandchild he would like, in answer to her query as to what he wanted for Christmas.

—VINEGAR AND URTICARIA.—Mr. Swain (*Brit. Med. Jour.*), after trying many remedies in a severe case of urticaria, found a vinegar lotion give almost instant relief, and subsequently many other cases have been equally benefited. One part of water to two parts of vinegar is the strength most suitable.—*N. Y. Med. Times.*

—CINNAMON.—I think it may be observed by the practitioner that women who complain of weakness and lassitude, though up and about their household duties, will not only exhibit strength and vivacity from the use of cinnamon, but manifest a decided and perceptible increase in the sexual appetite.—*Jno. D. Wells, Med. Current.*

—In response to the earnest request of the Erie County and Western New York Homœopathic Societies, the next semi-annual meeting of the N. Y. State Society will be held, September 15 and 16, in Buffalo instead of Elmira.

By order of the Executive Board.

JOHN T. MOFFAT,
Secretary.

—TYPHOID FEVER IN THE UNITED STATES.—About twenty-five thousand deaths from typhoid fever occur in this country annually, and this represents fully one hundred and fifty thousand cases of the disease. The hundred and twenty-five thousand persons who recover, lose six weeks out of their lives, and carry perhaps some vestiges of the fever’s influence for years.

—To overcome the appetite for strong drink we must employ a remedial agent which, while acting as a stimulant and tonic on the system, will cause no disgust for it or nausea when its use is continued for some time. CELERINA is said to be a certain cure. While causing no nausea whatever through and by itself, it will, in most cases, as extensive experience has proven, imbue the person using it with an actual disgust for, and an abhorrence of, all kinds of strong drink.

—A man by the name of Papezian has died in Hartford from perityphilitis. The disease is a good deal worse than the name. It is an inflammation of the vermiform appendix, whose purpose in the animal economy is unknown. An autopsy disclosed the fact that Papezian's appendix contained a small muskmelon seed. He had not eaten any muskmelon for a year.

—Galezowski recommends strongly the constant use of appropriate concave glasses in the form of spectacles for myopia, in opposition to the use of folders or *pince-nez*. But it is in regard to light that he expresses himself most strongly. He holds that good, and even brilliant, illumination by means of lamps produces no ill effects, and points to the good vision possessed by printers who work much by lamplight.

—CATARACT IN GLASS-WORKERS.—In the course of two years, Meyhöfer observed four cases of cataract in glass-workers under thirty years of age, healthy in all other respects. This led him to the examination of five hundred glass-workers, all of whom were engaged in glass-blowing or other work which kept them in the immediate neighborhood of the open furnaces. Fifty-nine presented cataract. The left eye was much the most frequently affected, this side of the face being the one generally more turned toward the fire.

—HOW SOON AFTER MEASLES MAY A CHILD ATTEND SCHOOL?—The Code of the "Medical Officers of the Schools Association" of England says that, "A pupil may go home, or rejoin the school after measles, in not less than three weeks from the date of the rash, if all desquamation and cough have ceased." And it is further pointed out that this rule, in common with the others given as applicable to the cases of the different infectious diseases under discussion, is a safe one to adopt, "provided patient and clothing are thoroughly disinfected."

—THE OBSTETRICAL FORCEPS AS A CAUSE OF IDIOCY.—The *Centralblatt f. Nervenheilk*, reports the investigations of Winkler and Ballen on this subject, an account of which appears in the last issue of the *American Journal of Insanity*. They were of the opinion that the use of the forceps in delivery was a more frequent cause of idiocy than was commonly supposed. In a post-mortem examination of an idiot, sixty years of age, who had been delivered with forceps, a depression of both parietal bones, corresponding to cerebral lesions, was found. Out of ten subsequent autopsies of idiots one similar condition was found to exist, and out of twenty-five living idiots, six were found to have depressions of the skull.—*Dixie Doctor*.

—CASTANEA FAGUS FOR RHUS AND IVY POISONING.—Dr. S. B. Straley writes in the *Times and Register* as follows: As a *dernier ressort* a strong decoction of chestnut leaves (*castanea fagus*) was used, bathing the inflamed parts every three or four hours. In twenty-four hours all the distressing symptoms had subsided, and the patient was discharged cured.

Since using the above, which was in August, 1888, I have prescribed the castanea treatment for all cases of rhus and ivy poisoning, and in all stages of the inflammation, with the single result in every case of perfect relief from all symptoms in from twenty-four to seventy-two hours.—*N. Y. Med. Times*.

OH-DONT-LOGY.

DON'T fail to bring a bonny (*not* bony, please) bride with you to Washington, if you are still training in single harness.

DON'T be alarmed for the fracturing of the precedent in going next year to a non-watering place. Turn about is fair play.

DON'T hurry through your essay as if there was a man on the outside waiting to know what you will take. Have a little style about you.

DON'T forget next year to carry with you a top coat, gum shoes, a gordon sash, and a mackintosh, as well as patent leathers and rat-tail coat.

DON'T fail to remember, and in time, too, that our next session is in the effete East, and the manners and fashions of the Wild and Woolly West will not avail.

DON'T try any more forensic pyrotechnics on yours very respectfully, Orifical S. Pratt. He is too heavy a man to stay under very long. This is our last notice.

DON'T write a paper for out-loud reading in a State or National Society on the same pattern as you would for a journal. Have some mercy on your audience.

DON'T, if you are a woman, and a doctor, allow any man-doctor, however eminent, "to sit on you" because you use psorinum, and tell you there is no such thing.

DON'T neglect to take with you next time a little pocket lexington—one with the word fail in it—and read in it occasionally until you can pronounce the words of your essay.

DON'T growl about the hotel accommodations at Atlantic City. Our waiter was deaf, but by applying the nickel-in-the-slot machine principle he and we got there just the same.

DON'T you ever realize how futile it is to try any gag law on Cowperthwaite. He is such a thorough master of homœopathy and of ready repartee that it is dangerous to tackle him.

DON'T withhold unstinted praise from the managers of the recently closed International Homœopathic Congress. You know the Congress was a marvelous bit of good management and executive ability.

DON'T pout, if you are a Cleveland doctor, because the Congress passed you by and did not ask you for a paper. If you are a good boy, and stop quarreling, perhaps you may be made chairman of some bureau at Washington.

DON'T you like to hear that baby plea for scientific medicine, pruning down the *materia medica*, getting back to common sense potency, and then when you are nearly asleep from content, it does seem too bad that Cowperthwaite, Van Denburg, Allen, and Millie Chapman must raise such a row about that ridiculous and unscientific thing they call homœopathy.

REPERTORY OF THE LUNG SYMPTOMS FOUND IN HERING'S
CONDENSED MATERIA MEDICA.

By EDWARD R. SNADER, M.D.,

Lecturer on Physical Diagnosis at Hahnemann Medical College, Philadelphia, Pa.

(Continued from page 224.)

LEFT CHEST.—Ambra, Ammonium Mur., Hepar sulph., Lobelia, Rumex.
LEFT SIDE OF CHEST.—Apis, Iris, Lilium tig., Sepia, Sulphuric acid.
LOWER PART OF CHEST.—Agaricus, Stannum, Valeriana.
LOWER HALF OF RIGHT LUNG.—Phosphora.
RIGHT LOWER LOBE.—Kali carb., Phosphorus.
LUNGS.—Æsculus hip., Ailanthus, Arum triph., Hydrastes, Nitrum, Phytolacca, Silica, Kali carb., Phosphorus.
IN AIR PASSAGES.—Phosphorus.
OVER WHOLE STERNUM.—Camphora.
ON THE STERNUM.—Muriatic.
IN MIDDLE OF STERNUM.—Cyclamen, Eupatorium per.
NEAR MIDDLE OF STERNUM.—Apis.
BEHIND MIDDLE OF STERNUM.—Chelidonium.
BEHIND THE STERNUM.—Eupatorium per., Zincum.
BENEATH STERNUM.—Bryonia.
UNDER THE STERNUM.—Aconite, Asafœtida, Carbo. veg., Sedum, Psorinum.
MIDDLE OF ABDOMEN.—Mancanum acet.
PIT OF STOMACH.—Camphora.
HYPOCHONDRIA.—Drosera.
REGION OF THE LAST RIBS.—Asarum.
BELOW RIGHT BREAST.—Ammonium mur.
IN THE REGION OF THE HEART.—Colchicum, Magnesia carb., Zingiber.
NEAR THE HEART.—Rumex.
ABOUT THE HEART.—Opium.
ABOVE NIPPLE.—Lobelia.
LEFT NIPPLE.—Berberis.
BRONCHI.—Chelidonium.
THYROID GLAND.—Ambra.
THROAT.—Cistus can., Lilium tig., Mercurius, Phytolacca, Sulphuric acid.
NECK.—Capsicum.
CLAVICLE.—Lilium tig.
IN AND AROUND CLAVICLE.—Berberis.
BACK.—Capsicum, Nitrum.
BETWEEN THE SHOULDERS.—Belladonna.
SCAPULA.—Lilium tig., Sepia, Sulphuric acid.
BETWEEN THE SCAPULÆ.—Natrum carb.
LEFT SHOULDER-BLADE.—Mezereum.
ARMPIT.—Sulphuric acid.
LEFT AXILLA.—Lilium tig.
BOTH ARMS.—Asafœtida.
RIGHT ARM.—Secale.

LEFT ARM.—Glonoinum.
 LOWER LIMBS.—Asafoetida.
 RIGHT LEG.—Secale.
 TOES.—Asafoetida.
 INTERCOSTAL MUSCLES.—Rhus tox.
 RIGHT INTERCOSTAL MUSCLES.—Taraxacum.

PECULIAR SYMPTOMS.

PAIN in the chest, as if it were all raw.—Gambogia.
 RAW feeling in the chest.—Æsculus hip.
 FEELING of dryness in the chest.—Agnus c.
 TIRED feeling in the lungs.—Ailanthus.
 FULL feeling in the chest.—Antimonium tart.
 OPPRESSION of the chest, as if too full.—Calcarea carb.
 ——— of the chest, the clothing seemed too tight.—Chelidonium.
 HEAVINESS of the chest, must frequently take a deep breath.—Crocus sat.
 PAIN in the chest, as if ulcerated.—Pulsatilla.
 FEELING, especially under the sternum, as of ulceration.—Pulsatilla.
 SMALL sore spot, as from subcutaneous ulceration.—Ranunculus bulb.
 PAIN as if the chest would fly to pieces, when coughing or drawing a deep breath.—Sulphur.
 ——— in the chest, as if cut to pieces.—Zincum.
 SHOOTING, stinging now in scapula, now in armpit or in chest.—Sulphuric acid.
 SENSATION of emptiness and coldness in the chest.—Oleander.
 ——— of emptiness in chest.—Sepia.
 TENSION across upper part of chest, with emptiness in feeling, as of a lump of ice in right chest.—Sulphur.
 BURNING in chest, as from glowing coals.—Carbo veg.
 ——— in the right chest, aching in the left.—Ailanthus.
 ——— in chest, runs through both arms, and through lower limbs down into toes.—Asafoetida.
 So warm about the heart that she must let the arms sink down.—Antimonium tart.
 HEART feels as if in too small a place.—Eupatorium per.
 FEELS as if something was pressing against his heart.—Eupatorium per.
 LUNGS feel engorged, heavy.—Æsculus hip.
 CHEST feels as if laced.—Glonoinum.
 TIGHTNESS of the chest, as if bound by a hoop.—Arsenicum.
 SENSATION as if lungs were constricted from back.—Nitrum.
 COMPRESSION of the chest, as from a heavy weight.—Asafoetida.
 CONSTRICTION across chest, as if pressed inward from both sides.—Belladonna.
 GREAT weakness in the chest, cannot bear to talk.—Digitalis.
 CHEST so weak he cannot talk.—Stannum.
 CANNOT talk from weakness of the chest.—Hepar sulph.
 EXHAUSTED from long talking, body and especially chest weak.—Hyoscyamus.
 TIGHT feeling in the chest, as from overexertion, running.—Hyoscyamus.
 CHEST feels weak, faint from walking fast.—Kali carb.

THE AMERICAN HOMŒOPATHIST.

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FRANK KRAFT, M.D., EDITOR.

THE International Homœopathic Congress, which has just concluded its labors at Atlantic City, was one of the most interesting, best conducted and attended of homœopathic conventions of record. It is quite true that there were but few foreign representatives present ; still the papers presented by the absentees were of an unusually high order of merit, deserving of careful study and discussion. This was, generally stated, the case. The word "International" is a decided misnomer, unless it be conceded at the start that a membership composed in great part of correspondents shall be deemed a sufficient equivalent for the word in the title. This is also true of the International Hahnemannian Association as well as of the Congress. The American Institute of Homœopathy was to all intents and purposes in session at Atlantic City with the attendance of a few distinguished foreign visitors ; and all the business transacted was such as would easily and naturally have fallen within the scope of the Institute.

* * *

IN many ways the order of business of the Congress could be most advantageously adopted by the Institute. Especially true is this of the whole day session given to *Materia Medica* ; and other days set apart for other distinctive features of our school. By the wise provision of the local committee there was an abundance of leisure for the pursuit of pleasure and amusement in the varied forms in which it presented itself to the holiday visitor. The evening of each day was given over to rest and recreation and small talk on the verandas ; and during the days there was also much time left over for hobnobbing, or for seeing a man downstairs, or going on the beach and admiring the natty bathing costumes. Instead of occupying the session in unseemly wrangle over indifferent or trifling questions, one hour was devoted each morning to business ; and no one will say, truthfully, that the necessary and serious business of the Institute was not as well despatched in the single hour as if the members of the Ancient Order of the Borborygmi had disported themselves for a half-dozen hours each day.

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IT is a fact becoming more apparent with each recurring session that the actual business of the Institute is the advancement of Homœopathy ; to show what progress has been made all along the line, and how best to meet the future ; and not in the direction of hair-splitting on creed, beliefs, and personal opinions. It is a further fact that the

political element in the Institute has in times past done it inconceivably much harm ; and, finally, that an intelligent observer can without difficulty pick out of each annual session the political doctors, whom, like the poor and the lazy, we have with us always, and always ready for forensic display. The annual stenographers would be deeply at loss in "transplanting" their "hen-tracks" if Dr. A. was not followed by Dr. B., and if these two worthies were not violently opposed by Drs. C., D., and E., while Dr. F. counseled prudence and moderation. In short, it were wiser to give the many hours heretofore devoted to political harangue to homœopathy, and transact the Institute's general business in the morning hour of each day.

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AMONG the papers and addresses presented and read at the Congress was one which ought to have been lost in the mail before it was posted. Until we read the address of the president (we were not present in time to listen to its reading), we were laboring under the delusion that peace and harmony had prevailed from the opening to the closing of the Congress ; that no one had had occasion to feel hurt with the contents of any paper, or the sentiments expressed by any of the speakers. The doubts of this author show only how conservatism may blind even so great a man to the palpable advances in any special direction. Thus we know that Oliver Wendell Holmes lays violent hands upon his understanding, and wrestles with himself day and night, in order not to see any progress in homœopathy, and to convince himself that it is dying out.

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HAHNEMANN'S inconsistencies, and othersome many shortcomings, as a man, are resurrected by this writer. But suppose the allegations to be literally true ; what more inopportune opportunity could have been selected for their blazoning than this International Homœopathic Congress ? If his friends will not scruple to speak disparagingly of Hahnemann, what can we hope for in sol Potter and others of that long-eared crew ? What boots it that the Founder of our School was mortal ; ate, drank, slept, and, on occasion, wept or made merry like unto one of us at this day ; or that, like Washington at the Brandywine, he swore a blood-curdling swear when thereto moved by the proper exciting cause. Does that discredit the Law of Cure, for the discovery of which we are eternally indebted to him ?

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NO man is hero to his valet. The essayist has filled the not very delectable office of valet to Hahnemann's literary remains : it is small wonder, therefore, after reading the ponderous and querulous correspondence and diaries of a man hounded almost to death, and therefore writing a great many things that a calmer man or one writing from the security of opulence and ease would not think of saying—it is small wonder that the essayist finds no hero in the man Hahnemann. Yet *de mortuis nil nisi bonum*. Better have left the mortal remains of Hahnemann where they have lain this half century, and the rather have given unstinted praise to the sublimity of his creation : A New Gospel of Healing. The courtiers knew how to make the egg stand on

end after watching Columbus. Homœopathy, as discovered by Hahnemann, is not of course, as good a homœopathy as we could have discovered at the present day. Still it was Hahnemann who showed the way. Give him credit for that.

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THE attack on the high potency, under the specious pretext of criticising the menstruum in which it is prepared, shows how like our native Bourbon are some of our transatlantic brethren, in that they never learn and never forget anything. Here in America the day is long since past, thank God ! when a man, however eminent in the profession, would dare to denounce in public meeting his brother in the same practice, because, forsooth, he differed from him in *belief*. And *belief* is all there is to the question ; for practice has established the right of the high potency to existence. Ten years ago a paper such as this would have been hailed with great delight in the Institute, and also in nearly every State Society. To-day, however, the trend of homœopathic opinion is in the direction of the grandest tolerance for all potencies and dilutions, and a brotherly affection for all who acknowledge the homœopathic principle.

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TIME was when "Hahnemaniac" and "mongrel" were current adjectives in our literature ; but under the lash of the better class of journals, and the temperate and tolerant sway of such masters in the Institute as Orme, Dake, Talcott, Cowperthwaite, Runnels, Buck, Dowling, and now Kinne among others, and the teachings of our colleges, the homœopathic classes have laid aside their intolerance much as the general public has forgotten its whilom prejudice against the homœopath ; and it is become entirely safe for any kind of a potency man, high or low, to avow the success he has had in the treatment of his patient. In fact, Dr. J. E. Sawyer, during the cancer discussion in the Congress, reported that he could not control the sufferings until he left his ordinary practice with the 6th and went by rapid stages to the higher numbers ; in fine, somewhere among the invisible thousands. Dr. Sawyer is not a high potency man ; he simply detailed a fact which sent innumerable thousands of fine-spun theories a-glimmering. Were his asseverations received in derision ? No ! Others in that International body handed in their verbal sign-manual to the efficacy of remedies above the 6th, and above the 30th. Considerably above !

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WHEN the Hon. Permanent Secretary essayed to correct Millie Chapman by stating that we have no such product as Psorinum, because the nasty nosode was not really Psorinum, but something else, and, therefore, of no earthly value whatsoever, it was quickly brought to his notice that the American homœopath, unlike his transatlantic brother, is not bound by the traditions of a past generation, nor by the dictum of any of the expounders of Hahnemann's early work ; that he dares break away from conservatism when conservatism rests solely upon a foundation of personal belief, and is not warranted by the facts of every-day practice. Psorinum, it was proven, not merely alleged, had

accomplished that in the cure of sickness which other remedies had signally failed in doing, and "whether derived," as Bell says, "from the purest gold or the purest filth," it is an invaluable and indispensable aid in the restoration of the sick human organism. "They cawn't put you in gaol," said the lawyer; "but they did," answered the client.

* * *

THE criticism on the diluting medium of the present-day remedies being unlike that of Hahnemann is trifling. The cut of the coat of to-day is also unlike the one worn by the sage of Coethen; possibly also his shoon and other apparel. Perhaps likewise he made use of a peculiar pattern of crystal vial not now known to the Queensware or chemist's shop; or mayhap the day of the month or the hour of the day is not closely enough approximated. Admitted; then what? The Law takes no notice of trifles. Does the law of gravitation fall to the ground because we have nowhere a description of the kind, size, and taste of the apple which disturbed Newton's post-prandial reverie? Did the incompleteness of the telescope in Herschel's time, in any material degree interfere with the rhythmical movements of the planetary system? The Law of Homœopathy has but one aim: *not* the metaphysical learnedness of the groves and academies touching the means and menstrua used in Homœopathy; *not* the color, contour, and dimensions of the apple; *not* the diameter of Herschel's objective; but simply The Cure of the Sick. And that is done every day of the year; yea, even with the high potency.

* * *

TO return to high potency treatment—that is to say, a potency or dilution above the 30th; where is there a homœopath to-day, one in touch with the spirit of the times, a reader of our literature, an attendant upon our meetings, in fine, a fair-minded, impartial physician, who will allege that there is value in the 30th, but no value in the 31st or 32d; who will fix the line irrevocably at the 30th on the strength of a microscopical experiment made when there was as yet no Dr. Formad with his scientific methods and analyses; when microscopy was still in its infancy: when now at this day we have the testimony of the spectroscope to support the declaration formerly made (however only on clinical grounds) that all matter does *not* cease with the 30th, nay, nor even with the 100th, remove from the crude drug. Admitted, however, that a perfect chemical analysis clearly and indubitably proves that there is an entire absence of drug in the 31st, shall we array our metaphysical learnedness against the impregnable fact that the man *was* put in jail—that the 31st, the 300th, the 1000th has cured, does cure, and is like to cure again?

* * *

IT does not cure invariably, say they, therefore it is not scientific nor reliable. So neither does the 30th, nor the 6th, nor even the mother tincture. Man that is born of woman must die, either naturally or— "Those who use these high potencies are not really sick; they would get well without medicine." This applies just as forcibly to the low potency; yea, even to the old-school medication, where a patient gets well not because of the drugging but in despite thereof. These

are cold facts. They are not the ethereal lucubrations of a few visionary scholars. They are in the journals, issue after issue. The most advanced talent in the profession is quietly investigating it, making honest tests, and with the resultant success. Every careful student of *materia medica*, and, certainly, every writer on *materia medica* of modern times, recognizes the value of the higher dilutions. The ball was set in motion by the sainted Dunham, and since then it is no longer deemed chimerical to have remedies higher than the 6th or the 30th.

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“**I**NDEED, he implicitly condemned the employment of water as a medium for making a dilution !” Thus speaks the essayist referring to Hahnemann. And, therefore, all future generations of Homœopaths must condemn water. Perhaps this is not inconsistent on the part of this eminent writer, who gave so many lines, at the beginning of his learned paper, to the foibles and inconsistencies of Hahnemann, clearly approving him a vacillating, time-serving, alternating, combining, every day, ordinary physician, who had accidentally translated Cullen’s *materia medica*, and so stumbled on a great truth. (If the water in Hahnemann’s time was as impure as it is on the continent of Europe to-day, it is no matter for astonishment that Hahnemann forbade its use ; for the fear of water, externally and eternally, is even yet a deep-seated, ineradicable prejudice with the foreigner who touches our shores ; and, in consequence, the imbibition of alcoholic beverages is chiefly confined to the alien population of our country. But the pure drinking water of the western hemisphere is palatable and potable, and, barring a few million microbes, bacilli, ptomaines, and other such scientific vermin that infest each single drop of water, for the purpose of giving it body, life, and taste, it is still the universal solvent, and nature’s health-giving draught, and also fit for medicinal employment).

* *

THE attack on the theory of chronic diseases is become a more than twice-told tale ; it is so little cared for at this day that it rarely elicits attention or discussion when it is sprung on an audience. Dr. Decker, of Kingston, engaged in a sanguinary warfare with that windmill a few moons ago in the New York State Society, and, like his erratic and erotic prototype, Don Quixote, was thrown clear over the head of his faithful Rosinante and his squire Sancho Panza. Had our distinguished friend from beyond the seas been present and listened to the remarks of Dr. John Henry, of Montgomery, touching the value of the antipsorics and antisycotics in cancer and other malignant growths, and in chronic diseases, he would likely have been interested if not instructed. Dr. Henry is not a high dilutionist, bear that in mind ; but he knows the value of Hahnemann’s theory of chronic diseases.

* *

AND so the address devoted its best energies in taking to pieces the structure of homœopathy as we in this country understand it. The splendid success of the American profession in the past decade, its daily increase in wealth and power, its quiet but irresistible advance from the narrow beliefs of a few old-time practitioners, might

well count for something in the résumé of a president's address. Indeed, when it is called to mind that fully seventy-five per cent. of the homœopathic profession of the world is represented by the American contingent, and that these employ the methods and menstrea decried in the address, we may well question the value of the address, and deplore its effect upon the general medical profession.

* * *

FOR it is but too evident that it is this class of paper which has given strength to the adversary ; which has put arguments in his mouth and armed him against us. We need not be overly surprised if this presidential address is plentifully excerpted and copied into the old-school literature and referred to with gusto. It was not a typical Congress paper. It was not a fair paper. It was not a homœopathic paper. It was the personal opinion of one person who, we are not at all likely to forget, has put the profession under lasting obligation for his translations and other work. It was such a paper as might be perhaps expected to be sent from an older and greatly enlightened civilization to a Congress in a country, a new country, where the buffaloes and Indians divide between themselves the interest of keeping the martial spirit of the natives alive ; and the nasal-intoning natives, the tobacco-chewing natives, the natives who wear their feet on the parlor mantel-piece, are yet woefully ignorant and need instruction.

THE OPEN COURT.

—*In re* college matters : The Institute presumes to dictate what the colleges shall do in the way of fees, curriculum of study, etc., and yet when a vital question comes up for adjudication, such as the admission of a new college against the protest of its next door rival, who is, however, a member of the Institute, the Institute begs the question and says it has nothing to do with it. Somehow this doesn't sound practical. Is this cowardice, or is it a one-sided law ? The question might be very pertinently asked, if it has not already been done, of what value is it to a college to be a member of the Institute ? No, this is not a case of sour grapes. It is an honest query and demands a straightforward answer. The Institute undertook to legislate on the journal question, we know with what result. Now let it try its hand on the college question. There is a decided weakness somewhere when the great big, overgrown, powerful American Institute of Homœopathy, the recognized exponent of fair play and freedom of opinion, counsels that it is not desirable to bring any college quarrel into its hearing ; that it has nothing to do with it. If it has not, who has ? Who shall decide, if not the Institute, whether there shall be one college in a State or twenty or thirty in each city ? Who shall decide, if not the Institute, whether a college is homœopathic and entitled to its protection ; or

whether it shall be thrown out from the sisterhood of colleges? The Cleveland muddle has been attended to, and no longer worries us, but this question of the admission of colleges, and of their right to existence, is no nearer settlement than ever before. The danger menaces and it will not forever down at the whispered bidding of a few of the ruling spirits in the profession. Wild-cat homœopathic colleges are still in order.

—Do you think it was because of our bathing on Sunday that that pouring rain fell within a half hour of our rehabilitation?

—There should be a stringent rule adopted by the Institute against the introduction of a speech with "I have only one word to say," and then cover three pages of closely printed type-writer copy with that one word. It must be that kind of word that is meant in the Scriptures as; "The spirit saveth, but the word destroyeth." (We copied this from an old, worn-out, time-stained, unrevised Bible, and it is probably not in the exact phraseology of the present day. But 'tis enough.)

—For the first time in the past six or ten years we believe the exhibitors of patented medicines, books, and other medical and surgical wares were royally treated by the hotel in which the Institute assembled. These parties had good quarters, abundance of room, and were courteously treated by all. The Walter Baker coca girls were attentive. They were in the regalia of a century ago; but even thus masqueraded they could not quite forego the necessity for the present day bangs. And one of them was quite alive to the present day flirtation.

—In fact, with the exception of a few unavoidable inconveniences, such as not getting a room, although ordered by letter in April, and the slowness of table service, the hotel accommodations were good. We did not remain to witness the display of swallow-tail coats and cut-and-dried speeches of the banquet.

—Cowperthwaite was "choked off" when he endeavored to read somebody else's paper and comment on it as he went along. He understood this was the order of exercise expected of him, but the chair sat down on him. But mark the distinction. When our friend E. M. Hale's paper was on for reading, the efficient permanent secretary stepped to the footlights and, instead of reading any part of it, said that the author made this statement, "firstly," and then the secretary took it all to pieces: and so on to the end; reading a few words of the author's paper, and then criticising it severely. Evidently Hughes is a "bigger" man than "old" Cowperthwaite.

—Gatchell sprung a new idea on the Convention. It was a good one, too. How often is it the stereotyped expression of the nimble two by four brains in our state societies that we must not be so aggressive;

that it is better to cater to the old school, because they are adopting our methods and will soon be over in our camp. By the bye, is not this one reason for letting down the bars in the Institute and not requiring an avowal of faith? Gatchell, however, shows conclusively that the old school is not homœopathic in any sense whatever; that as soon as it learns the true secret of homœopathy, which is NOT concealed in the small dose, it becomes a homœopathic practitioner, and is no longer an old-school adherent. Good!

—Wonder how that allopathic physician, who wanted to know, you know, whether the *Philadelphia Enquirer* was the organ of the homœopaths at Atlantic City, liked the scoring which Gatchell gave him.

—Washington is the next abiding place for the American Institute of Homœopathy. What a change! For so many years on water diet, and now all of a sudden, so to speak, to cold tea and things! We are heartily glad that our frequent recommendations looking to this end have been given heed to. Let us have an early session, and turn out as strong and unanimously as we did at Atlantic City, and we will not fail to impress the President and his entire cabinet with our influence, and the danger of going counter to our expressed wish. Let's see, it is the nomination year, isn't it? *Per contra*, the other national society, that with the transposed initials,—the I. H. A.,—seems to want to meet on high places; perhaps to keep up its faith in the high potency. Last year it met on Watch Hill; this year it assembled on Rich Hill; what other hill in York State it has decided to sit on next year we have not yet heard.

—The Organon was a constant addition to the presiding officer's table at the International Congress. It looked as though it might be there for use. Anyway, it bore the evidences of having been used for other purposes than filling an empty niche in a doctor's library or bookcase.

—Now, with all this aggregation of medical and scientific talent at Atlantic City, why was there not let loose a few torpedoes loaded with antipsora, and bacilli, and micrococci, and the itch insect, and other of Brer Decker's *New York Medical Times* homœopathy? This would have been a grand occasion to air such pretty and advanced notions. But, yes, indeed, you are right. This was a homœopathic convention, and the author or propounder of any such dogma would have been shown the door pretty considerably fast. Homœopathy is still dying out with its accustomed vigor. Let her die!

—The following newspaper fragment was picked up recently, and as it deals intelligently with the "tonic" question, we publish it, regret-

ting that we have neither the entire item, nor the name of the journal in which it was published :

I struck a softish hard substance, which I have since discovered to be a wonderful root, which will cure every known disease, and several that are not known.

I immediately started a laboratory in the basement, for the purpose of preparing this wonderful remedy, and putting it into quart bottles for the relief of my sick and ailing brothers, at the low price of \$2 per brother.

You have probably seen my trade mark. It represents a gigantic marble front building, with several hundred expressmen loading cases of my unfailing elixir, and porters, telegraph boys, etc., rushing into the door with orders for more. Over the door is a marble statue cut in wood representing a beautiful virgin with her summer clothes on, distributing the "Flowers of Health," from a two-quart basket, the whole surmounted by a gorgeous gilt sign bearing the words, "Headquarters Skinner's Chain Lightning Tonic." "No more deaths!" "Doctors and Undertakers dissolving partnership!" etc.

Now, I'm not going to advertise this thing a bit, partly because it is sure to speak for itself, and partly because the newspapers have a miserable and pettifogging way of asking for cash in advance. Nevertheless, I must do myself justice in reference to a few facts.

In the first place, this medicine is composed of the simplest ingredients known to the world, or the desert of Sahara. As I defy competition and naturally abhor a secret, I will give the ingredients with the the Latin names attached, so you can understand it.

My Wonderful Root (Burdockimus Rootimus)	10 per cent.
Common Whisky (Rotibus Gutibus)	75 per cent.
Iron (Casto Ironicus—Sheet Ironicus)	10 per cent.
Benzine (Benno Zinicus)	5 per cent.
Absinthe (Abby Cynthia)	5 per cent.
Dandelion (Foppish Leonine)	7 per cent.
Old Overshoes (Arctico Venerable)	3 per cent.
Paper Collars (Papero Cholerimorbus)	2½ per cent.
Imported Hygenic Wine (Vinegeroandsugarum)	2½ per cent.

120 per cent.

Nine-tenths of the humbug medicines now before the public contain only 100 per cent ! Mine contains 120 per cent. Could volumes say more ?

The reason I use 75 per cent of whisky is because I consider it one of the best tonics we have. Hundreds of leading citizens at the Inebriates' Home, and between the acts of any moral circus, can testify to this fact. Members of Temperance Societies can use my Tonic with impunity, as it does not interfere with any pledge, being simply a root and herb tonic for family use.

—The Indiana Institute of Homœopathy held its annual session at Indianapolis in May, and found, as usual, that it was a big meeting, and productive of much good for the cause. It was presided over by our old-time friend, Dr. Sawyer, of Kokomo, and watched over by Dr. W. B. Clarke, whose equal as a secretary it would be hard to find. There are

three secretaries of homœopathic organizations that have shown the profession what can be done by judicious "whooping them up" in the way of advertising the attractions, and calling for attendance; these three are Lippincott, of Memphis; Clarke, of Indianapolis; and Jones, of Holden, Mo. Each copied from the other, as their annual circular always bears a striking similarity. We are glad, therefore, that our friend, Bro. Clarke, continues in the most important working place in his State society. Our "old" professor of chemistry at St. Louis, Dr. J. T. Boyd, is made President for the ensuing year. He is now, and has been for some years, residing at Indianapolis. Dr. Pratt, the ubiquitous, turns up at every State meeting, and wherever he does so turn up, he is a welcome guest, a hale fellow well met. He carries his point everywhere. He is a grand "old" man.

ARE THERE ANY OTHER ILL EFFECTS FROM THE USE OF QUININE?

By W. IRVING THAYER, M. D.

IT will be time profitably spent to read over again an article in the April and May HOMŒOPATHISTS, by Dr. Wm. B. Clark, upon "The Brain Dangers of Quinine," and to remember them, too.

Quinine has some virtues as a remedy, so has Arsenic. But the dangerous effect of Arsenicum is more universally comprehended because it has the appearance of being—in fact, is—a violent poison.

So are the toxic qualities of Quinine, just as sure, journeying on another road, as other drugs do, yet more dangerous than Arsenic, because the common people—some doctors as for that—consider it a grand tonic.

The blue-bottle drugs stores hang out the tempting invitation, "One grain Quinine pills, one cent each. Two grain Quinine pills, two cents each," intimating that their cheapness makes them *safe* and very desirable. "Such a safe and grand tonic, you know." The customer winks an approving "yes," and "we"—the Quinine pills—"do the rest."

Nor are they slow or uncertain.

While not only affecting the brain so as to produce melancholia, suicide, and a feeble, decrepit, broken general constitution, it will slowly, but surely, destroy two of the most important of the five senses, that is to say, sight and hearing.

Every physician and many laymen know that Quinine, taken even with moderation, will produce roaring in the ears.

Mrs. M., the wife of an old-school physician, claims that her deafness, from which she has suffered for over ten years, was directly caused by

taking Quinine. She experienced the roaring and her hearing is irreparably ruined by the Quinine she took as a "tonic." There is no question of this, either in the opinion of Mrs. M. or the writer.

It is probable that most physicians know of a large number of such cases.

Provings, over and over again, have shown that Quinine will produce a *permanent pathological condition* of the entire seventh pair of nerves, which includes the *portio mollis*, or so-called auditory nerve.

Facts are facts, not idle conjectures !

There is at present a most beautiful little girl in one of the Eastern institutions for the blind, who was made *blind* and *deaf* by the Quinine that was administered to her in infancy.

The child was born, with good sight and hearing, on a ranch in Texas, where Quinine is a household god.

It is Quinine for this, and Quinine for that, almost universally, among the old-school practitioners.

Is it right ? Has it for a foundation sound reason ?

Just as surely as is the auditory nerve thrown into a diseased condition by Quinine, so is the second pair, which presides over that blessed function, sight !

I know that there are homœopathic physicians who ingest no small amount of Quinine for malarial conditions ; would it not be wise to stop and consider, and inquire of facts what they teach ?

This paper is not designed to relegate Quinine out of our *materia medica*, for it has some valuable use, but it is a protest of even exhibiting half-grain doses, not to mention ten to fifteen grains per diem.

One will serve their constituency well if he will upon every opportunity warn his patients of the danger of this insidious and powerful alkaloid.

93 SOUTH PORTLAND AVENUE, BROOKLYN.

REFLEX NEUROSIS.

By KENT B. WAITE, M. D.

A THOROUGH knowledge of reflex action is of the greatest benefit in arriving at the cause of the difficulty in obscure and chronic cases, and is of very great importance in the selection of a remedy in all those cases not incurable by reason of pathological changes.

The oft-repeated statement that more than one-half the criminals incarcerated in our penitentiaries, and also the inmates of the asylums, are afflicted with some abnormality of the genital organs, is certainly evidence enough, in the absence of all other proof, to turn the attention of all physicians more carefully to the study of reflex nervous action.

This study has been sadly neglected, and it is only of late years that the importance has been recognized by the most of physicians.

How many times have we blamed homœopathy for being an imperfect science, because we have failed to cure certain cases with remedies prescribed for reflex symptoms having no therapeutic import, and consequently overlooking the objective symptoms for which we were looking. We agree with the physician who makes all the use he can of pathology, but a study of the reflexes proves the fallacy of pathology as a basis for prescribing.

A few cases will illustrate our meaning.

Two years ago a gentleman came to me, after a three years' tussle with our friends the enemy,—the regulars,—not because he expected relief, but he wished to try homœopathy as the last resort before the insane asylum.

He was a railroad engineer for twenty-five years, and for the last ten years had been subject to severe headaches, which were ascribed to the constant jarring of the engine. He had the usual course of treatment with the Bromide, Chloral, Morphia, etc., with no relief. For the last three months had to quit work on account of the severe headaches and loss of sleep. He seemed on the verge of insanity, and was constantly watched for fear of self-destruction; on two occasions he escaped from his attendants and ran, until he fell from exhaustion, through the snow, dressed only in a Rembrandt shadow.

Arrangements had been made to remove him to the asylum by his physicians and friends.

It was at this stage of the case that he came to me, looking more like a fiend than a man. He complained of intense pain in the occipital region, blurred vision, ringing and roaring in the ears, backache, irritable bladder, loss of appetite, and no refreshing sleep for months, except by taking Morphia.

Examination failed to elicit any cause for this condition, until we came to the sexual organs. He swore by all that was good that he had never been in pastures green since his marriage twenty years before, but admitted a gonorrhœa a few years before, with occasional irritation on urination, ever since.

It was with difficulty that a No. 3 soft sound was passed through a stricture located one and a half inches from the meatus. Here we had the cause of the whole trouble. Gradual dilatation was persisted in for six weeks and Cantharis 3x given internally, when he was restored to health and his position on the road.

Another Case.—A young lady with an irritable stomach and nervous headaches, which had resisted all treatment. Remedies selected according to symptoms had no effect either in ameliorating the severity of the attacks, nor in lessening their frequency.

A careful inquiry into the case revealed the fact that she was troubled with pain on urination. A urethral caruncle was found and removed, and with it all the other distressing symptoms.

And still another.—A gentleman complained of sick headache, loss of appetite, frequent and painful micturition, constipation, hæmorrhoids, melancholia, etc. This pleasant train of symptoms was removed by Pratt's operation for removing the pile-bearing inch, with thorough dilatation of the sphincters.

Perhaps this is sufficient to show the value of a thorough study of the reflexes in all obscure cases.

CLEVELAND, O.

PARAFFIN AND PETROLEUM.*

By JOHN H. CLARKE, M.D.

THERE is a good deal of confusion in the terminology of this hydro-carbon group. "Paraffin," as a generic term, includes all those substances which have *no affinity for sulphuric acid*, and cannot be destroyed by it, and this includes Petroleum itself.

Specifically the term "Paraffin" denotes "a tasteless, inodorous, fatty matter, which resists the action of acids and alkalies obtained by the dry distillation of wood, peat, bituminous coal, petroleum," etc. (*Century Dictionary*.) In the distillation of Petroleum, Naphthalin is the first substance that comes off. Paraffin is the next. This is the substance from which the potency used by me in the case mentioned below was made by Dr. Heath, and is, I presume, the substance used by Dr. Wahle in his provings. At any rate, symptoms he experienced were removed by the preparation used by me. In the proving itself as reported in the *Homœopathic Recorder*, no specific statement is given of the exact substance used.

The Petroleum of homœopathy is "a light, oily fluid, colorless, or of a pale straw color, and strong characteristic naphthalic smell." It is made by agitating the liquid portion of commercial petroleum with sulphuric acid, and then rectifying the portion which this acid does not act upon by agitating with an equal bulk of rectified spirit and separating it from the spirit by means of a burette.

The petroleum of commerce is a mixture of liquid hydro-carbons, distilled from crude petroleum, bitumen, coal, etc. It is called also kerosene, naphtha, paraffin oil, mineral oil, coal oil.

This is the substance drunk by the patients in the paraffin-drinking cases referred to in the following article.

It would almost seem from this that homœopathic Petroleum, "Par-

* Condensed from Homœopathic World.

affin oil," or commercial petroleum, and paraffin possess very similar properties.

In the *Homœopathic Recorder* of September, 1890, there is a very full proving of Paraffin, translated from the Italian. The proving was made by Dr. Wahle. The MS. was given to his son, who gave it to Dr. Held, now practicing in Rome. Dr. Held translated it into Italian. The translation was published in *l'Omiopatia in Italia*. From this the translation was made into English by W. F. Robinson.

(1). In the *Lancet* of August 30, 1890, a case of Paraffin poisoning is reported by Dr. S. W. Carruthers, which presents a series of striking symptoms :

A married woman, thirty-six, was admitted to the Royal Infirmary, Edinburgh, at 9.55 A.M. on March 15, 1890. She had been drinking for a fortnight ; during this time she had had severe attacks of vomiting, but no hematemesis. Early on the morning of March 15 (probably before 6 A.M.), while still not thoroughly sober, she had intentionally drunk a good half-cupful of paraffin oil.

The following are the symptoms :

After half an hour, pain and vomiting. She vomited a mouthful or two at a time ; and on the first occasion, she said there was more than a tablespoonful of blood in the vomited matter.

The pain increased rapidly, and became so bad that she thought she was going out of her mind.

On admission to the hospital (9.55 A. M., probably four hours after taking the dose) :

Hands very tremulous.

Tongue very tremulous. Red and glazed-looking at tip and edges ; dorsum covered with thick white fur.

Eyes—right pupil somewhat dilated, left normal ; both reacted rather sluggishly to light.

Pain in pit of stomach.

Temp. 98.6° F. ; pulse 120.

Apomorphine gr. $\frac{1}{8}$ was given hypodermically.

Six minutes after this she vomited about six ounces of matter, smelling strongly of Paraffin. It consisted almost entirely of yellow mucus floating in a golden yellow fluid. She drank a large cupful of water, and the Apomorphine was repeated. In ten minutes she vomited again, much like the last, but diluted with the water. There was no blood on either occasion.

About noon she passed a scanty stool, consisting almost entirely of red blood. The menstrual period had ceased normally almost a week before, but there occurred a slight return of the flow that day.

1 P. M. Was ordered a warm water enema, to be repeated in an

hour ; on each occasion the enema brought away a stool smelling intensely of Paraffin, but containing no blood.

She passed (presumably at the same hour) 12 oz. of urine smelling markedly of paraffin, and showing a scum of paraffin when allowed to stand.

4 P. M. Temp. 100.2.

7 P. M. Complained of abdominal pain. Another warm-water enema was given, which brought away another stool, without blood, smelling less strongly of Paraffin than the other.

Shortly after this passed 40 oz. of turbid urine, lighter in color, but with a marked odor of Paraffin. On distillation the first specimen of urine was found to contain 12 c.c. of pure Paraffin. The first sample contained about twice as much as the second. It was estimated that in the whole, 25 c.c. passed by the kidneys.

8 P. M. Temp. 99.2.

9 P. M. Found lying with knees drawn up ; complaining of severe burning pain, chiefly at the epigastrium.

Marked tenderness on pressure over epigastrium and left lumbar region.

Complained that her abdomen was swollen, but it was not at all noticeable.

Vomiting occasionally, but no odor of Paraffin in mucus brought up.

Could extend her legs, but said she had less pain when they were drawn up.

Exacerbations of pain caused a marked increase in the tremors of the hands.

Skin and breath smelled strongly of Paraffin.

10.15 P. M. After vomiting, abdominal tenderness more general and more marked.

Hot fomentations were ordered, and she was fed on small quantities of milk.

16th. 3 A. M. Abdominal tenderness less ; though still lying with knees drawn up to diminish pain.

Odor from breath and skin less strong.

No sleep at all ; occasionally imagined she saw cats in the room. (She said she had not slept the previous night either.)

Still vomiting now and then, so a dose of Bismuth was given.

5 A. M. Passed 8 oz. of urine, with a trace of Paraffin odor and slight "greasiness" of surface on standing.

11 A. M. Pain less in degree and changed in character.

It was now gripping, near umbilicus. Tenderness in right iliac fossa and lumbar region.

No vomiting after 8 A. M.

No odor from skin, only in breath now.

Temp. 99.8. P. 110.

About half an hour later passed 3 oz. of dark red urine, containing both blood and albumen copiously.

In afternoon, pain much easier.

Passed 3 oz. of urine, dark crimson, giving marked reaction with tincture of Guaiacum, and containing $\frac{3}{4}$ gr. albumen and $12\frac{1}{2}$ gr. urea to the ounce.

11 P. M. Sleeping quietly. Breath still smelled of Paraffin.

12 P. M. Temp. 98.4.

March 17. 12.30 A. M. Passed 6 oz. ruddy, amber-colored urine, which gave slight reaction with Guaiacum, and contained a trace of albumen and 17 gr. of urea to the ounce.

Shortly after twelve, mid-day, passed 10 oz. urine similar in color to the last, containing trace of blood, no albumen, and 18 gr. of urea per ounce. After this, urine showed neither blood nor albumen. On 17th, 28 oz. of urine were passed in 24 hours.

Afternoon. Paraffin odor gone from breath, but very slight tenderness of abdomen, less now in the hypogastrium.

Tremors in the hands almost gone.

March 18. Bowels moved, no blood in stool. -

Sleepless in evening ; had to have bromides to induce sleep.

March 22. No feeling of illness ; eating and sleeping well, only remaining symptom being slight tremors.

The above case is far from being a pure proving, being complicated with alcoholism, but it presents many genuine symptoms and others that may be taken on approval. In the main, the symptoms confirm those of Dr. Wahle's proving. This is the case with the tremors (which might be ascribed entirely to the alcohol, if not corroborated) and the relief of abdominal pains by the bent position.

We append a schematic arrangement of the symptoms of this case :

Mind. Thought she would go out of her mind with the pain, it being so severe.

Imagined she saw cats in the room (during sleeplessness) first night of the poisoning ; had been sleepless the night before. (This was possibly a symptom of alcoholism.)

Eyes. Right pupil dilated, left normal ; both reacted sluggishly to light.

Mouth. Breath smelled of Paraffin.

Tongue. Tremulous.

Red and glazed tip and edges ; thick white fur on dorsum.

Stomach and abdomen. Vomited a mouthful at a time (in half an hour after the dose). The first time the vomit contained a tablespoonful of blood.

After emetic, vomit consisted of yellow mucus floating in golden

yellow layers, smelling intensely of Paraffin. Vomiting occurred again and again for thirty hours.

Pain in epigastrium accompanied vomiting, and increased rapidly, becoming so bad that she thought she would go out of her mind.

9 P. M. The pain she complained of was of a severe burning character, relieved by lying with the knees drawn up. She could extend the legs, but this increased the pain.

Marked tenderness of epigastrium and left lumbar region.

Swollen feeling in abdomen. She complained that it was swollen, but no objective swelling was observed. Exacerbations of pain caused marked increase of tremors of the hands.

10.15 P. M. After vomiting, abdominal tenderness was more general and more marked.

3 A. M. On the following day the tenderness was less, but she still lay with the knees drawn up to diminish pain.

11 A. M. Pain less in degree. Changed in position and character. It was griping near umbilicus; tenderness in the right iliac fossa and lumbar region.

Bowels. About 12 noon on first day passed a scanty stool, consisting almost entirely of red blood. Later stools, passed with enema of warm water, contained no blood, but smelled strongly of Paraffin.

Urine. Scanty at first, containing much Paraffin; copious later, and tinted: still later dark crimson, containing much blood and albumen, and then ruddy amber, containing blood and albumen, but in smaller quantities. On standing it showed a greasy pellicle of Paraffin, of which it smelled less and less strongly for twenty-four hours.

Sexual organs. The menstrual period, which had ceased normally almost a week before, showed a slight return of the flow on the first day of the poisoning.

Back and loins. Left lumbar region, marked tenderness on pressure at the same time as the epigastric tenderness (first day).

Second day. Tenderness in right iliac fossa and lumbar region (right?).

Extremities. Tremor of hands (< by exacerbations of abdominal pain). This symptom was the last to remain.

Sleep. First night no sleep at all. Occasionally imagined she saw cats in the room. (This may have been due to the alcohol. She had not slept at all the previous night).

Skin. Smelled strongly of Paraffin.

Fever. The temperature gradually rose to 100.2 on the first day and steadily declined.

Generalities. The pains were burning or griping, > by lying with legs drawn up, < by extending the legs.

The pains were shifting, changed in character. Tenderness moved

from the left side of the abdomen to the right, and from the epigastric to the umbilical region. Pains increased rapidly, and became so intense that she thought she would go out of her mind.

Exacerbations of pain < markedly the tremors of the hands.

Afternoon : > of pain.

(2.) I have recently been reminded of another case that came under my observation three years ago.

G. M., aged two-and-a-half years, was brought to me, January 25, 1888, suffering from rickets. But the most urgent thing about him was not due to the disease, but to a *penchant* he had for drinking whatever came within his reach. Camphorated oil had on a former occasion been the beverage of his choice ; this time it was Paraffin. Vigorous domestic treatment, an Ipecacuanha emetic, and a castor oil purge had got rid of a good deal of the Paraffin, but when he was brought to me a month afterward, he had, in addition to his rickets and cough, the following symptoms :

Appetite bad.

Pale, with dark rings round the eyes.

Every now and then seems to collapse ; goes into a corner and keeps quiet ; will not play. After tea is quite bright.

Cold sweat in bed ; complains of burning fever, then goes cold and clammy.

I gave him Phos. 2, and in three weeks he came again to see me. He had lost the pallor, the dark rings round the eyes, and he ceased to mope, but he had come out all over small boils, which discharged, the discharge having the odor of Paraffin.

A fortnight later some of the symptoms returned.

Gets pale, with dark rings round eyes.

Gets "tired."

Doesn't sleep soundly.

After this I did not see him for over a year, when he had had an attack of diphtheria, followed by paralysis, for which latter I treated him.

He was brought to me again April 1, 1891. He has now no signs of rickets and is a well-grown boy for his age, but he has quite recently had a return of the old symptoms :

Languid, and inclined to be quiet ; averse to play.

At times clammy all over the body.

I gave Petrol. 30, and in a fortnight he was reported to be very much better.

(3.) In 1886, I was consulted by a man who had formerly been employed in a factory where much petroleum was used. He suffered from an inveterate eczema, and he found that this was greatly improved

while working with petroleum. He told me that the vapor had a singular effect, making some of the workmen insane.

They can see things that are actually not visible : for instance, " they will see the rails in a station while a train is on them."

They desire to kill people.

Boys (who are much affected) will jump at a straight wall, and try to scramble up it.

(4.) *The Lancet* of May 2, 1891, records a case from St. Petersburg in which a man, who had been drinking heavily for four days and nights, entered a grocer's shop completely intoxicated. He stepped up to a cask of petroleum (called indifferently in *The Lancet* note "paraffin oil" and "petroleum," very probably kerosene), and began drinking from it.

He was with difficulty dragged away, and not until he had drunk a large quantity. It was expected he would drop down dead ; but he did nothing of the kind. The draught acted as an antidote for alcoholism ; nausea, unsteadiness of gait, and headache disappeared as if by magic, and he left the shop a changed man (for the time at any rate)—quite sober.

In the first case, also one of alcoholism, the action of the Paraffin was not so happy ; but in that the patient was already considerably sobered before she drank it.

(5.) It appears that in America "paraffin-oil," or "coal-oil," as it is there more commonly termed, is used by women in washing linen, a tablespoonful being put into a bucketful of water, as it makes the linen a better color. Dr. M. T. Bliem, writing in *The Southern Journal of Homœopathy* for July, 1890, relates cases in which this practice had been attended with unpleasant consequences to the washers. One of them experienced the following symptoms :

Severe occipital headache, loss of strength, emaciation, diarrhœa, dyspepsia characterized by fullness on slight eating, accumulation of gas, and very markedly severe attacks of suffocation, finally relieved by eructations of gas.

Many of the symptoms observed in these cases found their analogues in Dr. Wahle's proving of Paraffin. The tremors, which were so prominent in this poisoning case in the hands, were observed in the legs in the proving. We are told that Italian physicians have found its chief sphere of usefulness to be in uterine troubles and constipation.

The following case illustrates this sphere of its action :

Mrs. —, thirty-seven, mother of three children, suffering since last confinement, five years ago, with symptoms of subinvolution—bearing-down pains, excessive menstruation and leucorrhœa—has almost constantly violent indigestion. The symptoms of the latter are vomiting or retching in the morning.

Pain after all food, however light, in back, shoulders, and abdomen.

- Pains double her up ; are < on standing.
- Pains intermittent.
- Sensation as if scalding water in stomach. > by heat.
- There is also constipation, with piles.
- Constant desire to pass water.
- Much thirst.

After some benefit from *Murex*' and *Alstonia constricta*, the indigestion pains returned as bad as ever. I gave her, on January 27, 1891, a powder containing a few globules of Paraffin 30, with instructions to dissolve it in water and take a teaspoonful every two or three hours. Four days afterward I heard from her that she had had great relief ; in fact, she had had no pain from indigestion since. I have seen the patient quite recently—many weeks subsequent to this date, and I find the cure of the indigestion symptoms has proved permanent. The other pains and sufferings are also markedly alleviated. The period instead of recurring too soon delayed so long that she began to think she was pregnant. This is sufficiently striking to show that we have in Paraffin a very valuable addition to our armamentarium.

LONDON, ENG.

ERYTHROXYLON COCA * : THERAPEUTIC, HYGIENIC.

By P. DE PIETRA SANTA, M. D.

Coca possesses the penetrating aroma of vegetable stimulants, the tonic properties of astringents, the antispasmodic qualities of bitters, and the nutritious, mucilaginous principles of the analeptic or alimentary plants.—LINNÆUS.

BEFORE enumerating the various therapeutic resources that coca offers us, it will not be amiss if we sketch the state of the question as it presents itself in Peru and other republics of South America. These descriptive data have been furnished the Société Française d'Hygiène in an interesting communication by Dr. Manticuzo, Colombian Consul at Tucuman (Argentine Republic).

"Coca, indigenous to Bolivia, thrives in warm and moist regions, free from frost, called 'jungas.' The aborigines of the country employ it usually by chewing the leaves to extract the juice. When the coca leaf is masticated, the juice, impregnated with saliva, acquires positive alimentary properties. It restores the flagging powers lost by physical or mental labor and becomes an efficacious stimulant in gastric and intestinal dyspepsia ; it is in these conditions that coca is indicated to supply extra nerve force during long journeys by postilions, couriers, and soldiers."

* Condensed from the *N. Y. Med. Journal*.

The Bolivian army is regularly supplied with coca leaves, which form an integral part of their campaign rations.

These data, founded on the experience of centuries, carry with them the usual accompaniment of the marvelous and the supernatural, causing this celebrated plant to be looked upon by the natives of South America as an animated representation of the divinity, which, confirmed by modern researches, assigns to coca the precious and characteristic properties found concentrated in its essential alkaloid, cocaine; the physiological and therapeutic action of which has been so well elucidated through the works of Dr. Carl Koller in 1884, and Marc Laffont in 1888.

Let us go a step further into the domain of clinical observation. The stimulation of cerebro-spinal activity produced by coca, and that Mantegazza had foreseen, has been studied with great care by Feignaux and Libermann. The former asserts that it is marked in all cases "where a nervous trouble would seem to result from an atonic condition." The latter extols its use in the form of "vin Mariani" to combat morphinomania, nicotinism, and alcoholism.

In the same train of thought Dechambre wrote : "Under the influence of coca, it seems that a new force is introduced into the organism as water is into a sponge."

The special application of coca in the form of a diffusible "vin tonique," prompt in action, have been stated with precision by Lr. Mallez, "in those cases of depressed condition of the system and marked impoverishment of the blood resulting from the prolonged abuse of balsamics"; by Barth, Pidoux, Germain Sée, and many others "in chronic affection of the respiratory organs," where it always proves an element of tonicity and comfort.

In the successive and varied manifestations of tuberculosis it is vain to expect of coca antibacillary or germicidal properties; its action is far more certain, far more efficacious, and much deeper, in that it favorably modifies the prognosis by placing the system in a state of effective defense and, so to speak, making it impregnable.

In this connection I may be pardoned for recalling what I wrote in 1875 in a volume entitled, "*Le Traitement Rationnel de la Phthisie Pulmonaire*": "I prescribe daily with success and benefit coca in its most convenient, most agreeable, and most active form—that of vin tonique Mariani." Mariani must be justly considered as the introducer and the apostle of the fortunate importation of coca to Europe.

The periodic progress that has been made in our day in prophylactic hygiene and preventive medicine could not ignore the essential properties of the Peruvian plant. Coca has fully lived up to the promises and expectations that we hoped to realize, and even those who, in a spirit of disparagement, more or less interested, had conjured up before the

public the specter of cocaism, finally realized that they were only unconscious plagiarists. In cases of abuse, similar accusation had been formerly brought against coffee and tea, and yet the hygienic and therapeutic value of these precious substances has remained resplendently intact through ages and among all civilized people.

As to the opposition of constitutional skeptics or chronic fanatics, this cannot be of long duration in an epoch that Lubonski called, very justly, "*L'époque de l'anémie et du lymphatisme*," and which inspired our great writer, Michelet, with the alarm cry: "This frenzied life that we are leading to-day (*in aere parisiensi*), this life of terrible toil and excesses, it is upon the children that the consequences fall."

There lies the origin of the success of vin de coca in that, starting from a modest laboratory, it has spread like a beneficent train of blessing among all classes of the French population, to cross successively all the frontiers and carry back beyond the Atlantic, with all the improvements of art and of science, the gift that America had formerly made to Europe.

This rapid historical sketch would show a regrettable gap if I did not summarily indicate the powerful support that certain circumstances of our social life have given to the general employment of the vin de coca.

Nobody, indeed, is ignorant of the deplorable effects of alcoholism. To remedy this terrible scourge of humanity, ingenious manufacturers had thought to substitute for alcoholic drinks perfumed cordials, more agreeable to the taste, and hence much less within reach of the laboring classes. But, alas! the costly drinks are to-day objects of commerce that sanitary science condemns.

In a recent communication to the Academy of Medicine, Dr. Lancereaux did not hesitate to affirm (with clinical notes in hand) that chronic intoxication, through essential drinks (absinthe, vermouth, amer picon, vulneraries, etc.), was spreading more and more, especially among ladies, their delicate taste naturally leading them to prefer cordials. "These drinks," he exclaimed, "cause the greatest ravages, for not only do they engender nervous complications which too often cause death, but they are besides the cause of denutrition, or a weakening of the system, which predisposes to tuberculosis, and causes death through pulmonary diseases. Consequently they should be considered as one of the greatest causes of depopulation."

As a conclusion to his address, Dr. Lancereaux asked the Academy of Medicine to warn the public of these dangers they were generally ignorant of, and the authorities whose mission it was to guard the public health.

I have truly but limited confidence in the intervention of the public authorities by the limitation of the sale of spirits, and by high license, added to the high tax already levied on spirits; but I walk hand in

hand with this eminent clinician when he proposes to enlighten public opinion by popular instruction, by hygienic tracts, and by illustrated lectures.

Advancing a step further in the domain of practical remedies, I would propose to give to alcoholic drinks and to essential liquors, as an efficacious and infallible succedaneum, the vin de coca Mariani, the moderator *par excellence* of the nerves, the tonic of muscular fiber, the strengthener of the weakened system—in a word, the unquestioned alleviator of physical suffering.

PARIS, FRANCE.

ON THE MEDICINAL USES OF THE BEE-STING POISON.*

By W. T. FERNIE, M. D.

MR. PRESIDENT AND GENTLEMEN : On the occasion of our last meeting here, Dr. Galley Blackley made a playful reference to me as having awoke, after a three years' slumber, to some sense of my responsibility toward this society. I ask your permission to explain that it is a privilege of the old to sleep, and that feeling myself considerably superannuated among so many younger men in the plenitude of their modern learning, I have sat as a disciple rather than as one of the *Patres Conscripti* at our monthly assemblies, since I had the honor of becoming enrolled among you three years ago.

Now in venturing to offer a paper, I beg you, *solvere senescentem*, to make allowances for such lack of knowledge as I may display concerning the advanced tenets of recent physiology, while holding me excused for employing the language of a past pathology rather than the compound classical nomenclature of to-day's *fin de siècle* attainment.

Pleading thus, I will take as my text a case which I attended as long ago as in 1858, and which first brought to my knowledge the potential uses of the bee-sting poison as a curative agent in disease. At that time I was an orthodox country practitioner in Hampshire, and the patient to whom I allude came under my care as an old pensioner, who eked out his daily pittance by working as an agricultural laborer on the Squire's estate. He was about sixty years old, and of rheumatic tendencies, living in a damp locality on the edge of the New Forest.

His symptoms in brief—as far as I remember them—were those of endocarditis, becoming subacute, with a systolic murmur, and with embarrassed action of the heart through dilatation, but without any marked hypertrophy. The kidneys were not implicated as shown by any albuminuria, and the old soldier was a temperate man, except for getting now and then bemused in beer at the village tavern on a Satur-

* Read before the British Homœopathic Society, June 4, 1891.

day night, like many of his class. Nevertheless, I well remember his urine at the time was scanty and high colored, with copious lithic deposits.

All the symptoms I have recited gradually increased, together with growing dyspnœa, and with general anasæra, which became more and more urgent, until at length the man took altogether to his bed, and seemed doomed to sleep quickly in God's acre with his rustic forefathers.

He was treated with alkalies, hydragogue cathartics, and diuretics, *secundum artem*, being also seen and prescribed for by one and another of my friendly *confrères* from the adjoining county hospital, where I had been lately the house surgeon.

However, the poor fellow went from bad to worse, and became at last so completely waterlogged as to lie an enormous mass of shapeless humanity, semi-comatose, and "babbling of green fields," in a small attic at the top of the narrow, steep cottage stairs, down which how he might be presently brought on the way to his long home seemed a problem difficult of solution.

It happened finally that, on my visiting him in this dire extremity, I found his women folk in the garden, making a brew from refuse honey-comb just after taking their bees, and I was asked if some of the reeking beverage might be given to the sick man in case he could drink it.

Readily assenting to the use of this, or any other proposed *solatium*, under such desperate conditions, I left with the full assurance I had seen the last of my patient in the land of the living.

About a week afterward, having to ride past the cottage, which was in a remote part of my district, and wondering that I had not been applied to as registrar of deaths to record his decease (for, like George Coleman's "two single gentlemen rolled into one," I was then unitedly the Poor Law Medical Officer and the Government Charon), I dismounted, not doubting that I should find the defunct pensioner still awaiting interment, which had been delayed through some casual hindrance in providing the necessary *obolus*, or in convening the distant relatives ; but to my intense surprise, on entering the downstairs dwelling room, I beheld the man comfortably discussing some broth, sitting there, restored to his ordinary proportions, "clothed, and in his right mind."

It had happened that shortly after beginning to drink the bee beer, which he took with avidity, profuse watery discharges commenced from the intestinal and renal outlets, which continued until all the dropsical swelling had disappeared, the dyspnœa had become relieved, and the heart ceased to give him distress, or to remain sensibly disturbed. In short, I had no alternative but to believe that either the strange brew, or some wonderful natural crisis occurring just at the time, by a singular

coincidence, had brought back my patient from the open portals of the grave.

Finding the unlooked-for improvement to continue, and casting about in my mind for an explanation of its cause, I chanced to describe the case and its present issue to my friend Dr. John Wilde, now of Weston-super-Mare, but who then, having the courage of his opinions, avowedly practiced homœopathy as a Poor Law Doctor in a district immediately adjoining mine. He at once recognized the fact that some bee-sting virus, contained in the beer, as got from dead bees and brood comb boiled up in the brew, had acted specifically on the cardiac serous membranes, as well as on the mucous excretory linings of the sufferer, and had operated homœopathically for his prompt and happy rescue. Dr. Wilde further sent me a pamphlet which had then been recently published, on "*Apis Mellifica ; or the Poison of the Honey Bee considered as a Therapeutic Agent*," by C. W. Wolff, M. D., of Berlin ; which little book I read with deep interest, gaining new light from its pages, and explicit instruction about the provings and well ascertained effects of the remedy in question.

Incidentally I may add that the patient whose case I have been describing went on uninterruptedly to complete convalescence, and was able after a while to resume his work in the fields. He retained his health for the five or six more years of my sojourn near him ; and eventually he died, I believe, of old age, uncomplicated by any renewed trouble of the heart or any return of dropsy.

From the small treatise of Dr. Wolff I learned that his practical experience, based on the provings of Dr. Hering, and attesting the faith of his own grateful heart with respect to the bee-sting poison, showed the medicine to be eminently curative for œdematous swellings in general, for the higher grades of ophthalmia, for inflamed states of the tongue, mouth, and throat ; also by its specific power over the whole internal mucous membrane and its appendages.

Dr. Wolff had likewise employed the *Apis* very successfully for curing furuncles, urticaria, and erysipelas, as well as for the typhoid fever, which he was emphatically persuaded becomes engendered by the process of vaccination. Moreover, he had convinced himself that *Apis* is the most sovereign remedy for intermittent fever, annihilating the disease so radically that no relapses ever take place and no secondary symptoms are ever developed.

For measles, scarlet fever, panaritria, spontaneous limping, white swelling of the knee, and dysentery, Dr. Wolff had further found *Apis* to be an invaluable and most trustworthy weapon of defense ; while he abundantly verified the necessity which others had recorded for caution in giving this medicine to pregnant women, though conversely he knew of no drug endowed with such reliable virtues for preventing miscarriage, particularly during the first half of gestation.

His doses ranged from a pellet of Apis 30 to a drop of tincture of the third strength, repeated at intervals or subdivided. Taken altogether, he had come to regard Apis as the greatest polychrest medicine, next to Aconite, which homœopathic pharmacy can furnish.

From the first, while perusing all these startling statements about Apis, and endeavoring to receive them with an unprejudiced mind, one great difficulty beset me—that of supposing any such animal poisons as the virus of the bee and cognate creatures capable of exercising, when swallowed, any influence for good or for harm on the human subject as ordinarily constituted, unless through some solution of continuity of a mucous surface, so as to allow of direct absorption ; or, unless by acquiring special power of stimulating afresh, when fractionally attenuated, tissues impaired by disease. Here I will cite two instances which have happened recently within our immediate observation, and which are relevant to the point I have raised.

A few weeks ago at an evening meeting of the Pharmaceutical Society, Surgeon Parke, of the Stanley Expedition, in giving a detailed description of the arrow poison employed by the Pigmies in Central Africa, with such fatal results, against our men, narrated the fact that of those who were struck with poisoned arrows at the battle of Uva Sheba, all died except Lieutenant Stairs, whose wound was sucked by Surgeon Parke himself. The ingredients of the poison, as far as they could be ascertained, were procured exclusively from vegetable sources. I quote this instance as exhibiting the immunity from toxication manifested by Surgeon Parke.

Per contra.—On February 3 of this year we were told in the daily journals that Mr. E. Bosanquet, the son of the well-known banker, was bitten by a rattlesnake while shooting in Florida. Mr. E. Walker, who was with him, immediately applied his mouth to the wound and endeavored to suck out the poison. Then, having tightly bandaged the wounded leg of his friend, Mr. Walker raised and carried him to Daytona, where Mr. Bosanquet died shortly after midnight in great agony. Mr. Walker also became seriously ill. He had a slight sore on the lip and absorbed some of the poison into his system. An attack seized him which resembled partial paralysis, though eventually he became better and out of danger.

These would appear to be two typical cases. Nevertheless, I need not say that adequate inquirers have long since thrown a decisive light upon the *quæstio vexata*, and have redeemed it from dispute. Dr. Hughes, for example, has taught that a serpent poison will act as a toxicant when swallowed, or when applied to a sound serous or mucous membrane, as shown by Drs. Brunton and Fayrer. "The idea," say they, "that it will only prove effective when absorbed through a lesion of surface or injected directly into the blood is erroneous."

(*To be concluded*).

BOOK NOTICES.

THERAPEUTIC GUIDE. The Most Important Results of more than Forty Years' Practice. By Dr. G. H. G. JAHR. Translated with notes and new remedies by CHARLES J. HEMPEL, M. D. Philadelphia : F. E. Boericke, Hahnemann Publishing House, 1887.

Another most excellent volume for the homœopath. Also not a new book. But how it warms the cockles of an old-fashioned homœopath's heart to take up a book like this of Jahr's with its intense conviction of the rightness and almost divinity of homœopathy. Jahr talks from the shoulder, and he carries his conviction to the mind of the reader, be he never so hide-bound with the scientific advances of to-day. We would recommend that this book be more looked into and its plain common-sense precepts followed ; there can be no better introduction to the study of the "pure" homœopathy than that given in this book. His descriptions of the pathological conditions of the human body calling for medication is not excelled by any modern author. It is pleasant to browse among the vigorous ideas of these old-fashioned German homœopaths—if Jahr wasn't a "Dutchman" he ought to have been. Hahnemann, Boenninghausen, Grauvogl, Lutze and others belonged to this profound, deep-thinking race. We have not read through Jahr's Forty Years' Practice and probably never shall ; it is not intended that we shall ; but from what we have read, and it covers a good many chapters, we have no hesitation in commending it as a most valuable adjunct to the practitioner's book-table, and a book that he may safely put into the hands of his student or leave with one of his patrons.

MANUAL OF HOMŒOPATHIC THEORY AND PRACTICE, DESIGNED FOR THE USE OF PHYSICIANS AND FAMILIES. By ARTHUR LUTZE, M. D. Translated from the German, with Additions by CHARLES J. HEMPEL. New York and Philadelphia : Boericke & Tafel.

Not a new book nor a recent edition of an old one. And yet this is a book that deserves to be in every homœopathic practitioner's library. It is wonderfully "clean" in its homœopathy, considering how many peculiar ideas it teaches in the way of combination of drugs and the alternation of remedies ; and yet it bears in its every page, in its every line, the imprint of a master hand ; of a master mind, which was thoroughly and conscientiously imbued with the beauty of homœopathy and the overweening desire to cure patients quickly and safely. In this form, as presented by Lutze, we do not fear the propagation of alternation or the combination of remedies. Explained as he explains it, the book may be placed in a young man's hands, adding only the caution that he shall read all that it contains and "skip" nothing. Its therapeutic and clinical descriptions are charming, and will be read with interest by all. In the Publishers' Announcement incorporated in the preface of the book there is a bit of Homœopathic history that is not usually known. It was new to us. A charge is made that the Organon was tampered with ; that Hahnemann had written and sent the expurgated paragraph to the printer. What became of it ? We admire the book for its frankness and very evident sincerity. It cannot of course take the place of our many advanced and perfected materia medica

text-books of to-day, but in its own sphere it stands unrivaled ; it might not be an impertinent question to ask how many of our present-day authors borrowed consciously from Lutze and gave no credit. We recognize many ideas, and even the language in which they are couched, as old friends ; and yet we never until recently saw a copy of Lutze. The moral of this " 'ere remark lies in the application on it " ; that it will be well for some of our present-day readers and writers and practitioners to go back ten or fifteen years or further, and see what there was in homœopathy before it was beautified and smoothed out and pruned and varnished and added to and made scientific.

MANUAL OF CHILDBED NURSING. By CHARLES JEWETT, A. M., M. D. Professor of Obstetrics and Diseases of Children at the Long Island College Hospital. New York : E. R. Pelton, 25 Bond Street, 1891.

This little book was originally prepared for the use of the Training School for Nurses at the Long Island College Hospital ; but seeing how valuable it proved with these classes, the author was prevailed on to extend its usefulness by enlarging it and adapting it to all medical people. In this form it is now presented. It is very concise ; not abounding in much wordiness ; being direct and to the point aimed at. It cannot fail to be instructive to the reader. We smiled as we always do on reading the traditional necessities for " having a baby "—the dozen clean sheets, the dozen clean towels, the dozen pieces of fresh-boiled cheese-cloth, and the fifty or sixty other needful things for a lying-in. Having had some little practice in baby-catching we have found that these book directions are superfluous, not one mother in hundreds being able to provide all these things, and the one who can provide them doesn't need them because she is not having children. Children are not fashionable. We have officiated at twins where there had not been arrangements made sufficient for clothing the one to say nothing of the two ; and yet both lived and the mother had no puerperal fever, but got well. There is too much bookishness about many of these obstetrical recommendations.

SURGERY. A Practical Treatise, with special reference to treatment, by C. W. MANSELL MOULLIN, M. A., M. D., Oxon. Fellow of the Royal College of Surgeons ; Surgeon and Lecturer on Physiology to the London Hospital ; Formerly Radcliffe Traveling Fellow and Fellow of Pembroke College, Oxford, England. Assisted by various writers on Special Subjects, with Five Hundred Illustrations, two hundred of which have been made for this work from special drawings. Philadelphia : P. Blakiston, Son & Co., 1891.

The writer of this critique had spent the better part of three weeks looking up the indications in all the volumes of surgery at hand of an ancient reputed fracture of the femur—intra-capsular fracture ; the text-books at hand gave many pages with parrot-like similarity of symptoms of a recent fracture ; how to diagnose it, how to set it, what to say to the patient and the family, and all the other multitudinous detail of all the ordinary text-books ; but that which the writer was in search of studiously avoided him, or was avoided by these many authors. Consultation with many of the eminent specialists of the day resulted in considerable light and eventually put him on the right track for work. How great then was our delight and satisfaction to find Moullin on our

table and, more delightful yet, answering the very questions which we had "fired" at the other text-books and at our friends. This is given as an instance of the peculiar thoroughness of Moullin's work. It not only goes over the ground as covered by other authors of surgery, and it does this in a concise way, but it stops to think sometimes long enough to give many valuable ideas that seemed never to have occurred to other writers. It is, in short, an eminently practical work. It is the product of a scholar, a capable physician, and an expert surgeon. The book is cumbersome in size, but it is well worthy of a place in the doctor's office, and not on a top shelf. It will do to read in the few leisure moments which fall to a doctor; it is filled with new ideas and in every way a good book. Its illustrations are, mark the word, original, but a very few of them bearing the instrument-maker's advertisement, that cheap way of getting cuts for indigent authors. The book is divided into three general parts: Part I being devoted to General Pathology of Surgical Diseases; Part II, General Pathology of Injuries; and, Part III, Diseases and Injuries of Special Structures. It contains over 1000 pages; is handsomely printed, and intelligently indexed.

Century for July is filled with several excellent short stories, and the two great serials, "The Faith Doctor" and "The Squirrel Inn," have reached interesting parts. "Mr. Cutting, Night Editor," is a splendid bit of writing, and betokens a knowledge of the interior of a newspaper office. "Greeley's Estimate of Lincoln" is also a good estimate of Greeley. It will do to look at it from both points of view. "Paris, the Typical Modern City," is well done, and gives a good impression of the good side of this vast place.

St. Nicholas contains another one of Tudor Jenks's stories, which are always good and charmingly interesting. This one is called the "Tongaloo Tournament," and has relation to the selling of old-fashioned roller skates to a nation of cannibals. "Stormbound above the Clouds" is interesting reading for the grown-up boys and girls as well as the juniors. A beautiful engraving is that one entitled "A Cup of Tea for Grandmamma."

Lippincott's for July has "A Rose of a Hundred Leaves," by Amelia E. Barr, which in a measure takes us back to that period of fine stories which appeared in this journal, but which has been succeeded of late by rather indifferent ones. Mrs. Barr's story recalls the season just referred to. It is a fairish good story.

Scribners' continues in its appointed round of good reading matter. We look with much expectation to a proper successor for "Jerry," which ran through so many numbers and finally had to kill him off and spoil his gold mine in order to end the story. Its short stories have always to us seemed to lead in this magazine.

GLOBULES.

—The Iodide of Potassium is found to be a good antidote for Belladonna poisoning in some cases.

—Sir Spencer Wells is remarkably conservative for a successful surgeon. He has many times protested against the modern craze for

oöphorectomy. He believes that affections of the fallopian tubes are much less common than is claimed and that many of these difficulties are curable without operation.

—Ten grains of Naphthalin, dissolved in two drachms of Chloroform, if applied on cotton to the cavity of an affected tooth will give immediate relief.

—Dr. Thomas M. Stewart, eye and ear, has removed to 104 West Eighth Street, Cincinnati. Dr. Stewart is the newly elected secretary of the Ohio Homœopathic Medical Society, and also one of the editors of the *Pulte Quarterly*.

—In the Oregon State Homœopathic Society recently in its annual session, we noticed the name of our good friend Orpha D. Baldwin, formerly of Cleveland. We commend her as a most excellent lady and a good student and faithful practitioner of homœopathy.

—The Medical Library of the late Dr. Frederick Ehrman, of Cincinnati, will be sold in September. Descriptive catalogues will be mailed free to any address upon application to

EZEKIEL & BERNHEIM,
Cincinnati.

—TREATMENT OF STRICTURES.—In strictures which lie distant from the meatus the division of the stricture should be made only on the roof of the urethra in the median line, on account of the anatomical relations; by this means avoiding both hæmorrhage and the danger of urinary infiltration.—*F. N. Otis, M. D.*

—One of the most fashionable of Philadelphia physicians always kisses his hand when waving farewell to his wealthiest lady patients; but some of them were comparing notes the other day, and found that for visits when he kissed his hand he charged \$10, while for others he charged only \$5.—*Philadelphia Times*.

—DANGERS OF THE SUSPENSION TREATMENT.—Another case of death has occurred from the suspension treatment of locomotor-ataxy, —this time from Italy. The case, which occurred in the clinique of Professor E. Galvagni, of Modena, is fully reported by Dr. Carlo Borsari in the *Riforma Medica* of July 18 and 19.

Dr. Grewcock, in *London Medical Recorder*, says he "found out quite accidentally a novel method of applying glycerine," which is "equally efficacious with the clyster. If a piece of cotton wool alone, the size of a nut, is well saturated with glycerine and inserted as a suppository, in a short time a copious motion is produced."—*Exchange*.

—In regard to the mechanism of labor: The most favorable for the perineum is the breech. In head presentations the normal is the best; occipito-posterior positions are a frequent cause of rupture. Apart from the conditions due to the mother and those due to the child, ergot and forceps are two agents that are responsible for a large per cent. of perineal injuries.—*Dr. M. Belle Brown in N. A. J. Hom.*

—The *Medical Current* leads the list this year with a good report of the Institute. It was a fine bit of enterprise to send out "rush" copy. Bro. Storke wields his suave pen with the most delightful deliberation, even when surrounded by jarring press reporters and unthoughtful

doctors, who molest the reporter's table, never thinking that it is impossible to listen to a speaker, report him, and also keep his ear open to the friendly remarks of the interrupter.

—At the recent annual session of the Homœopathic Medical Society of Oregon, the following were elected : B. E. Miller, M.D., president ; Osmor Royal, M. D., first vice-president ; H. C. Jefferds, M. D., second vice-president ; Orpha D. Baldwin, M. D., recording secretary ; H. F. Stevens, M. D., corresponding secretary ; C. L. Nichols, M. D., treasurer ; Drs. H. B. Drake, C. E. Geiger, George Wigg, C. A. Marcum, and S. A. Brown, board of censors.

—DRY CORN-SILK.—Dr. H. Gregory writes to the *Medical Age* : I am personally acquainted with a man who has a diseased prostate and irritable bladder, and he uses a tea made from dry corn-silk, obtained from his corn-crib. He gives the remedy great praise, and I am of the opinion that a green drug extract of corn-silk has demulcent properties of great value in those prostatic and bladder ailments so common and almost universal among old men.—*New Remedies*.

—SALT IN MILK FOR CHILDREN.—The addition of sodium chloride prevents the solid coagulation of milk by either rennet or gastric juice. The cow's milk ought never to be given without table salt, and the latter ought to be added to a woman's milk when it behaves like cow's milk in regard to solid curdling and consequent indigestibility. Habitual constipation of children is influenced beneficially, since not only is the food made more digestible, but the alimentary secretions, both serous and glandular, are made more effective by its presence.—*Arch. of Pæd*

—THE GLYCERIN TAMPON IN THE VOMITING OF PREGNANCY.—Dr. S. B. Kirkpatrick blistered the cervix in an obstinate case of vomiting in a pregnant patient, and observing that the patient was not relieved until the serum was formed and discharged, conceived the idea of procuring a watery discharge by the use of glycerin. He accordingly inserted into the vagina a tampon saturated with glycerin. The distressing symptom was at once removed and on its return, at intervals, was always relieved by the glycerin tampon.—*New Eng. Med. Monthly*.

—HYGIENE OF THE ZULUS.—The Jesuit, Father Croonenberghs, of the Zambesi Mission, tells us that one of the peculiarities of the natives of South Africa is their aversion to the use of water for external purposes during dry weather. They avoid bathing except during heavy rains, when they take advantage of the opportunity for cleansing their bodies. Their reason for acting in this way is that frequent ablutions, in their opinion, debilitate the system, and render it incapable of withstanding the effects of the climate, and that very frequent baths are often followed by malarial disorders.

—An open competitive examination of candidates for Junior Assistant Physician, in any of the State Hospitals and Asylums, will be held at the rooms of the Civil Service Commission, Albany, N. Y., Thursday, August 20, 1891, commencing at 10 o'clock, A. M. A candidate for the position must be a citizen of the State of New York, at least twenty-one years of age, and have had at least one year's experience in a hospital, or three years' experience in the general practice of medicine. For application blank, address the secretary of the New York

Civil Service Commission, Albany, N. Y.—JOHN B. RILEY, Chief Examiner, July 3, 1891.

—NOT THE CREDE METHOD.—If there is much delay in the expulsion of the secundines, various methods are pursued in assisting the patient. The mother-in-law or midwife goes behind the house in which the patient lies, raps smartly with a carrying pole on the wall, and shouts, "Is it out yet?" An assistant responds from inside the house, "It is out." This performance is repeated with short intervals, until the desired result is effected. Another method of hastening the expulsion of the afterbirth is to have the patient lean over a horizontal bar, supporting herself partially upon her hands. This sometimes starts the adherent placenta, but is discomforting to the attached infant.—*Chinese Obstetric Customs.*

—SLEEPING WITH THE HEAD LOW.—A German writer claims that this is the healthiest way to sleep. He has now slept with his feet higher than his head for the past four years, and his experience leads him to recommend the method most highly. He says in this way the brain receives a more plentiful blood-supply and is consequently better nourished. Another advantage which Dr. Meuli-Hilty claims for his method is that it is prophylactic against consumption. The apices of the lungs being dependent, receive a more plentiful blood-supply, and are thus rendered stronger and less liable to become the point of origin of disease. Certainly it can do no harm to give his suggestion a trial, and we will be glad to record the results.

—INHALATION OF SULPHURIC ACID IN TUBERCULOSIS.—In a large rag factory, in which a number of operatives were constantly inhaling the fumes of sulphuric acid, Auriat (*Rundschau*, 18, H. 1889) observed that the consumptives were much improved, and this induced him to treat this class of patients with its fumes. In one corner of a small and well-ventilated room, sulphur moistened with alcohol is ignited, while the patient sits in the opposite corner and breathes rapidly. The vapor fills the room and causes coughing and oppression; the patient leaves when blue litmus paper begins to redden. In the beginning of the treatment, in order to overcome the exciting cough and oppressive feeling, Auriat usually adds a small quantity of powdered opium.

The inhalations are made morning and night, and after each one the patient takes exercise in the fresh air. He has treated with a good deal of success about seventy patients.

—A BUTTON-HOOK IN THE INTESTINES.—On October 31, 1888, I was summoned to see Mrs. D., who, I was informed, had swallowed a steel, bow-handled button-hook, three inches and a half in length. On arriving at the patient's house, about a quarter of an hour after the occurrence, I found her seated in a chair apparently more frightened than hurt. She stated that she had been picking her teeth with the point of the hook, and the article slipped out of her hand during an act of inspiration, and went down her throat. Evidently it had not lodged in the œsophagus, but had descended to the stomach. I requested the patient to assume the recumbent posture, and directed an attendant to administer some bread and milk as quickly as possible, and an ounce of castor oil about an hour afterward. On visiting the patient later on I learnt that there had been a copious motion, but nothing particular to note. I saw the patient daily afterward for

about a week, she remaining in bed for a few days. There was a daily evacuation, but no sign of the hook. I recommended food consisting of pudding of doughy material, and a moderate allowance of meat, hoping to form a coating round the hook. Further, I gave directions for castor oil every other day, and a mixture of linseed decoction to be administered three or four times daily. I asked the patient to send for me should any urgent symptoms arise; but I heard no more of the case until November 23, or just three weeks after the hook was swallowed. The defecations had been passed daily into a night stool and watched, when to the patient's great relief, on the day just mentioned, she found the hook had passed from her bowels, but without any coating of food. There was, however, a brownish black discoloration over its entire surface.

Pins, coins, etc., have repeatedly been swallowed, but I have seen no case recorded in which such an article as a button-hook has been.—*A. B. Kelly, M. R. C. S., in London Lancet.*

—**VOMITING OF PREGNANCY.**—Dr. Markwell Lawson says: "I was called in consultation upon a case of persistent vomiting in a primipara aged seventeen. For over a month, barely any nourishment had been retained either by stomach or enemata. Her mother, it was stated, had died from exhaustion superinduced by long continued vomiting, after having given birth to her only child, our patient. The nervous symptoms were therefore intensified to an alarming extent. The remedies ordinarily successful had been fully tried before my arrival. Dilatation had not been tried, but was for some reason strongly opposed by the patient. A child in the household was being fed 'Malted Milk.' It occurred to me to prescribe the same article, and we were gratified to find the first drink retained. This treatment was now persisted in, and although the labor was tedious there were no unusual features. The vomiting never became a source of trouble again."—*Archives of Gynecology.*

—Dr. O. S. Sanders gives a number of fine indications for remedies in *The Homœopathic Envoy*, as follows:

Dolichos.—Sensation in and side of throat, below angle of lower jaw, with a slight fullness behind the posterior palatine arch, like a splinter or scratch one inch or more in length.

Hepar Sulph.—Stitches in throat extending to the ear, with a sensation of ulceration, or a fish-bone sticking in the throat lower down than for *Dolichos*.

Nitric Acid.—Pricking sensation in the throat when swallowing, as from the presence of a splinter cracking in maxillary articulation when chewing.

Alumina.—Parched throat; stitches-like sensation on swallowing; hawking and coughing to clear the throat, as if there is a lump or plug in the throat; stinging on swallowing; sensation unpleasant extending down to the stomach; thick mucus dropping from the nares. The œsophagus sensitive its entire length, so that the swallowing of food is painful.

Argemum nit.—Uvula and fauces of a purple tint. Throat exuding a thick tenaceous mucus, causing one to hawk incessantly; to stretch and work the muscles of the neck, as if by so doing the sensation of a splinter-like nature would disappear, but it doesn't.

OH-DONT-OLGY.

DON'T use more than half a tea-cup of boiled cabbage juice to cure the diarrhœa of a ten-day-old infant.

DON'T mislead any other mind-reader into a fancied security when you know "Charley" Gatchell is around. 'Taint fair.

DON'T think that great age and former success entitles you still to lecture your way-ahead-of-you associates. Americans are a race of iconoclasts.

DON'T inject "hear, hear," when a particularly interesting essayist is holding forth. It isn't always understood, and sometimes disturbs the reader.

DON'T leave your specimen journals lying around the hall, littering the floor and chairs like patented drug specimens. Cheapened goods are valueless.

DON'T you know the difference between an Institute and a Congress? Why it consists chiefly, if not wholly of American homœopathic doctors. Easy—wasn't it?

DON'T let John C. Morgan act as second in any mind-reading, article-finding séance. He is poor, but honest. He means well. So did that friar in "Romeo and Juliet."

DON'T let the Order of the Borborygmi pre-empt all the talking in future meetings. Some of the rest of us "silver-tongued" fellows would like a chance for our "white alley."

DON'T be offended because England fawncies that all the rest, residue, and remainder of the world, medically, militarily, and pharmakewtically depends upon her. We were poor once ourselves.

DON'T, if you are a State homœopathic society, fence yourself in with a barb-wire. Homœopathy is not the property of any man or society. Court the grandest freedom and the most liberal tolerance.

DON'T forget that the day of wild-cat colleges is past; that the new college is an endowed one, with the best talent obtainable in each chair, honestly and equitably paid for. The future college will be a credit to all who are engaged in it.

DON'T declare there is no virtue in remedies of the 200th or the 1000th potency, because to-day that question has ceased to be an open one. It has been tried so often, and with such good results, that the bar sinister no longer forms part of its shield.

DON'T wear "glasses," doncherno, simply because you are a woman-doctor. True, you are deprived of those other inestimable attributes of a great and successful physician—the bald head and abdominal temperament. But yet glasses add naught to your medical aspect.

DON'T fail next year to adopt a ribbon or a decoration for the Institute. We recommended a flag and a button after the Waukesha meet. We are evidently very nearly ripe for a distinctive decoration, judging from the number of separate ribbons and favors worn at Atlantic City.

REPERTORY OF THE LUNG SYMPTOMS FOUND IN HERING'S
CONDENSED MATERIA MEDICA.

By EDWARD R. SNADER, M.D.,

Lecturer on Physical Diagnosis at Hahnemann Medical College, Philadelphia, Pa.

(Continued from page 260.)

Oppression of the chest and feeling of a hard mass there.—*Sticta*.
Pressure and stitches in the chest, as if a morsel of food had lodged there.—*Ammonium mur*.
Sensation as if something pressed out.—*Valeriana*.
Pain as if something was torn loose in the chest.—*Nux vom*.
Sensation in left side of chest, as if the ribs were pressing against the lungs.—*Iris ver*.
Pain as if the right lower lobe was adhering to lungs.—*Kali carb*.
Feeling as if the air cells were stuck together.—*Ailanthus*.
Pain in left chest as if the lung moved in waves.—*Dulcamara*.
Dull pressure as from a plug in the right side of the chest.—*Anacardium*.
Beating, like a pulse, at a small spot in the left chest, only when standing, mornings.—*Ammonium mur*.
Sinking feeling in the head and chest as from working in a hot room.—*Glonoinum*.
Numb sensation moving upward in chest and down left arm.—*Glonoinum*.
Sensation as of drops of water in left chest.—*Hepar sulph*.

CONCOMITANTS.

With great oppression.—*Opium*.
With difficult breathing.—*Calcareo phos.*, *Carbo veg*.
—— in bed.—*Carbo veg*.
With extreme dyspnœa.—*Sanguinaria can*.
With rapid respiration.—*Veratrum vir*.
With short breath.—*Apis*, *Belladonna*.
With anxiety.—*Arsenicum*, *Spigelia*.
—— great.—*Arsenicum*.
With anxious feeling.—*Kali carb.*, *Kreosotum*.
With anxious sleep, with starts.—*Opium*.
With restlessness.—*Arsenicum*.
With palpitation.—*Cactus*, *Cinchona*.
—— violent.—*Cinchona*.
With hard, strong, quick pulse.—*Veratrum vir*.
With weak pulse.—*Hyoscyamus*.
With quick, small pulse.—*Sanguinaria can*.
With slow or intermittent pulse.—*Veratrum vir*.
With cough.—*Asafoetida* (often).
With loose cough, but no sputa.—*Natrum carb*.
With hard, racking cough.—*Sticta pulm*.
With bloody sputum.—*Cinchona*.
With blood-spitting.—*Meyereum*.
With thick, frothy, bloody sputa, mixed with mucus.—*Opium*.

With tough, rust-colored, difficult sputum.—*Sanguinaria can.*
 With green sputum.—*Hyoscyamus.*
 With rattling of large bubbles.—*Carbo veg.*
 With great dryness of mucous membranes, or profuse expectoration.—
 Terebinthina.
 With congestion to chest.—*Cactus, Nux vom., Squilla, Veratrum vir.*
 With bronchitis.—*Phosphorus.*
 With pneumonia.—*Sanguinaria can., Veratrum vir.*
 With hepatization, especially of lower half of right lung.—*Phosphorus.*
 With pleurisy.—*Sabadilla.*
 With cheeks circumscribed red and burning.—*Sanguinaria can.*
 With rheumatism.—*Rumex.*
 With angina pectoris.—*Tabacum.*
 With hysteria.—*Viola odorata.*
 With distended abdomen.
 With faint feeling in stomach.—*Veratrum vir.*
 With nausea.—*Manganum acet., Veratrum vir.*
 With vomiting.—*Veratrum vir.*
 With feeble voice.—*Opium.*
 With sudden prostration.
 With backache.—*Bismuthum.*
 With cold knees, in bed.—*Carbo veg.*
 With cold legs, chest hot.—*Opium.*
 With face and limbs cold, or hands and feet burning hot.—*Sanguin-*
 aria can.

AGGRAVATIONS.

TIME.

MORNING.—*Ammonium mur.*
 AFTERNOON.—*Sanguinaria can.*
 EVENING.—*Arsenicum, Calcarea phos., Sulphur, till 10 p. m. ; Calcarea*
 phos.
 NIGHT.—*Chelidonium, Nux mosch., Rhus tox., Rumex, Viola odorata.*

MOTION.

DURING MOTION.—*Agaricius.*
 ANY MOVEMENT.—*Spigelia.*
 AFTER MOTION.—*Zingiber.*
 GETTING UP.—*Calcarea phos.*
 STOOPING.—*Alumina (or sitting bent).*
 WALKING.—*Belladonna, Kali carb.*
 ——— FAST.—*Kali carb.*
 WHEN GOING UP HILL.—*Arsenicum.*

REST.

AT REST.—*Rhus tox.*
 SITTING.—*Agaricus, Belladonna.*
 SITTING BENT.—*Alumina (or stooping).*
 STANDING.—*Ammonium mur. (only when).*
 LYING DOWN.—*Rumex, Sulphur.*
 ——— AT NIGHT.—*Rumex.*
 IN BED.—*Carbo veg.*

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FRANK KRAFT, M.D., EDITOR.

THE earnestly and sincerely expressed desire of the Institute and Congress, reduced to writing and signed, that the Cleveland colleges meet and restore the homœopathic peace, reached the result which those nearest the field of action were not chary in prophesying, that is to say: ignominious failure. It is, as yet, too soon to speak of the causes for this failure, though much could even now be written touching the *mala fides*. The pity of it, Iago! It is a sad commentary on the motives which govern men—and men, too, who might be presumed to have become soft-hearted, tender-eyed, sympathetic, and charitable, after the ministrations of half a lifetime at the bedside of mortal agony. The solution of the problem at Cleveland remains in the womb of the future, and neither the American Institute of Homœopathy, the Ohio State Society, nor the principles of homœopathy will have anything to do with the borning. Nay, verily, an entirely different prime conductor will discharge this Leyden jar. And the men in the highways and byways, and others by the seashore, and yet more in the market-place, lifted up their voices and spake one unto the other, clamoring: Peace, peace, why do we cry in vain for peace? And lo! the refrain cometh from afar, wafted by the breezes of an inland sea: By the Holy Smoke, we *will* have peace; and if the other fellows will not accept our kind of peace, let them be anathema, they and their kindred, and let them forever after hold their peace! Selah!

* * *

RINGER'S Therapeutics, a book recently received from the very courteous publishers, has produced in us a degree of satisfaction not to be measured by the money value of the book. It is a book we have long wished to possess, and especially of late, because of the controversy which arose in one of our colleges touching the merits of the book as a desirable text-work for homœopathic students; and, also, because of the claim, so many times urged, that Ringer is very nearly a homœopath, judging by his work, and that, therefore, a study of his work, "with brains, sir!" would increase one's knowledge as well as insensibly beat down the few remaining bars yet up between the schools. There can be but little question that as a text-book on therapeutics, adjuventa, and that general knowledge which a physician must have, in addition to his diploma, and which is not now and perhaps never will be taught in the schools, Ringer ranks high. There are seventy-seven pages with which the pen of the homœopathic critic has so little fault to find that they may safely be assumed as practically perfect. The

manner, the language, the arrangement, are all of the first order and will please the impartial reader.

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IF we turn now to the remaining part of the volume, where he enters more definitely upon *materia medica*, drug action, and the uses to which such drugs may be put, we may still follow him without much alarm for our faith, and be instructed. But at this point the question intrudes itself, "Of what value is such reading and study?" And here in very truth lies the objection to Ringer and others of his school, *not* so much that they are harmful, but that it is waste of time. If we could conceive of an era in homœopathic literature when therapeutic text-books were not to be had, or, if had, of no practical value, then the time would be ripe for using old school literature under the guidance of a homœopathic master. How fares it with Ringer? He is no exception. While personally his work is of a high order, and deservedly ranks in first place, yet there are many text-books with homœopathic names on their title-pages that are just as valuable, that cost no more, or cost less, and are directly in the line of the student's work.

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AS to the other, the last point, it was our good fortune to listen to Dr. Gatchell's address before the Congress at Atlantic City, and, following out his line of argument and also what was said by Holcombe, Van Denburg, Cowperthwaite, and others, we are convinced that there is no more hope of the old school adopting homœopathy than there is of the lion and the lamb lying down together in a normal way. For, as Gatchell clearly shows, just as soon as the old-school man grasps the secret of homœopathy he is that instant a homœopath, and must, as he will, abandon old-school practice. A review of Ringer's excellent book instantly and altogether, without deep study, discloses the reason of the claim that the old school was becoming homœopathic. In a word or two, the claim is based simply on the fact that Ringer has a tendency to the small dose and the single remedy; and, subordinately, the testing of drugs on the living body, mainly by accident, if upon the human body; or upon animal life, if designedly. Is this homœopathy? Is it the small dose which constitutes us different from the allopath? What college in the land dare make that allegation? And yet this is to this day and hour the current belief among allopaths, whether professional or lay. Ringer is not a homœopath, nor has he proclivities that way. If he is anything other than an allopath he might be called an eclectic; his book is constructed on a pathological basis, as all old-school literature is built; he deals with morbidic products; he has come very close to some of our homœopathic indications for remedies; but yet there is the diameter of the earth between him and homœopathy. The small dose and the single remedy have tripped up many an old-school practitioner and caused him to throw away the pearl of great price. And for that matter it would not require a medical Diogenes with a lantern to look about among practitioners in our school for a homœopath who doesn't know any better.

"KRAFT, of the *Homœopathist*, officiated as helper to Dr. T. M. Strong, Macon, Ga., the efficient provisional secretary, in short-handing the work of the Institute and Congress."—*Fisher in the Southern Journal*.

That so? Helper, was he? Well now, the above notice came mighty near not saying nuthin' at all about Kraft. It is the only awkward paragraph that Fisher of San Antonio penned in his last *Journal*. Ah, yes, thanks for reminding us—it had nearly slipped our memory. Then, if Kraft was a helper, he must have been present; and if he was present, then it follows that there was some one else present during the Institute and Congress beside Fisher, of San Antonio. But the latter impression—that it was Fisher, of San Antonio, who arranged and managed the little affair at Atlantic City—this impression will look out at you from the pages of the July *Southern Journal of Homœopathy*. Of course this is not so, and Fisher, of San Antonio, doesn't say so, and all the rest, residue, and remainder of us know it isn't so; but in the hurry of getting out copy for the Philadelphia press, and vigorously opposing the "killing" of the railroad committee, and watching Kraft of the *Homœopathist* officiate as helper to Dr. T. M. Strong, Macon, Ga., the efficient provisional secretary, who sat on a platform below that splendid Ajax Talbott, who presided, with the assistance of permanent secretary Richard Hughes, of England, whence we have no late intelligence of baccarat, and therefore the Emperor of Germany returned disappointed as it, of course, therefore, but, however—er—a—a—stuck! This was intended for a gracious puff for Kraft, but it somewhere slipped a cog, and unless we can release the Emperor of Germany, Kraft will have to go in simply as a Helper who Officiated. In brief, what had the efficiency of the provisional secretary to do with the helper-hood of Kraft, or the officiatedness of the *Homœopathist* with Macon, Ga?

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IT is not without pride that we refer to the fine work done by the Philadelphia press. Year after year it is becoming more apparent that the Institute is leaving the ante-bellum fashions of notifying its members and the public and adapting itself more closely to modern modes of intercommunication with the public. We take the credit of having first agitated this question following the second Saratoga convention, and it was Cowperthwaite who embodied the advance idea in his presidential address. Since that time we have several times reverted to the topic. General Secretary Dudley's promise at Waukesha that there would be full newspaper reports at Philadelphia was vociferously applauded, showing that he had touched a popular vein and that his efforts were appreciated. Still the press reporter does not materialize. Philadelphia has done well, Washington may do likewise, and after that Chicago. But what following? The Institute is never sure of its reports until one of its own officials prepares it.

THE OPEN COURT.

—ABSENCE OF HOMŒOPATHY IN HOMŒOPATHIC COLLEGES.—No one thing has caused among Hahnemannian homœopaths a keener sense of regret, nor called from them more earnest and vigorous pro-

tests, than the lack of adequate homœopathic teaching in homœopathic colleges.

As the field of medical study widens from added knowledge, as year by year new theories in etiology, pathology, and, alas, in therapeutics, command the attention of the practitioner and of the student, and as the specialists demand more and more exhaustive training in their peculiar departments, each confident that his little branch of medical science is the axis around which revolves the whole sidereal system, less and less time is given to the teaching, or allowed for the study, of old-fashioned Hahnemannian homœopathy, either as a science or as an art.

The candidate for graduation is expected to know the origin and insertion of the *levator anguli oris alaque nasi* muscle, the differential diagnosis between peri-uterine cellulitis and pelvic peritonitis, the proper antiseptics for use in surgical operations, the exact proportions of *aqua distillata cum mercuric-bichloride seu acidium carbolicum* appropriate for post-parturient douching—even the proper method of writing an allopathic prescription; but of correct methods of examination for the homœopathic prescription, of the evidences of curative drug action, of the repetition of doses or the sequence of remedies, he need know practically nothing.

Verily, "Knowledge comes, but Wisdom lingers."

Let it be granted, if you choose, that a working belief in the law of drug selection, *Similia Similibus Curantur*, is the only thing essential to make of one a homœopathist; he who in a homœopathic college endeavors to fit himself to practice in accordance with his belief, is assuredly entitled to a fair understanding of all the resources of the art which the accumulated experiences of its many followers have proven practically helpful, and to such fair presentation of the theories in respect of it—the philosophy of it—as shall place him in touch with the masters of thought along those lines, which must, of necessity, occupy his attention through all his professional career.—*C. W. Butler, I. H. A.—Med. Advance.*

—FELL TO HEALTH.—A singular instance of a usually fatal accident resulting in the contrary condition is that of a little boy of eight, son of Mr. Rothenberger, of Reading, Pa. During his second year he showed mental malady, and at four, and since, has had epileptic fits, which had robbed him of all intelligence. The other day, during an attack, he fell thirty-three feet from an open window to the pavement. When his mother, apprised of the accident by a neighbor, rushed out to pick up his remains, she found him conscious, unhurt, and able to speak. And his "fits" have left him entirely. We shall look over our old-school exchanges with some curiosity for the next month, believing that this "cure" will be at once attributed to the principle of *similia*.

—HYPNOTIZING SWINDLERS.—This is the caption of a newspaper item from Fort Dodge, Ia., and does not mean that the swindlers were hypnotized, but quite the contrary. A farmer named King, who was bunkoed out of \$2000, claims to have been hypnotized. King

was easily persuaded to draw money from the bank and bet it on a three-card monte game. This opens up a new field for medical and criminal investigation, whose limits are just yet "out of sight," for it is easy to conceive that if hypnotism is to bear the blame, that the swindlers may with equal reason allege that they were unwilling and innocent agents of some one else's more powerful but criminal will. Altogether this trial ought to be closely watched and its outcome widely published.

—NEW YORK STATE BOARD EXAMINATIONS.—Dr. H. M. Paine has sent us a short article describing the complete organization of the three State Examining and Licensing Boards, and describing also the admirable system adopted by the Regents under which the provisions of the three board act for securing higher and more nearly uniform standards will be thoroughly applied. The cities of New York, Albany, Syracuse, and Buffalo have been selected for places in which to hold examinations, and January, March, June, and September the times. Each student receives sets of twenty questions, any five of which he may cancel. All examinations are to be conducted in the English language. All physicians from foreign countries must pass an examination. Only physicians from other States, having substantially the same standards, are to be exempted. Only graduates in medicine are to be examined. It is not designed that the application of these carefully provided methods shall materially raise the standards of medical attainment above the average of those now enforced by the best conducted medical colleges; it is confidently anticipated, however, that by means of this admirably constructed system, the selfish interests which have hitherto controlled medical colleges, and by which there has been foisted upon the community *far too large numbers of imperfectly qualified practitioners* will be *effectually held in check*; and that henceforth the proportion of thoroughly educated physicians will be relatively greater than at any time in the past history of medicine. Members of the examining board representing the Homœopathic Medical Society of the State of New York: Asa S. Couch, M. D., president, Fredonia, Chautauqua County, examiner in pathology and diagnosis (1894); Horace M. Paine, M. D., secretary, 105 State Street, Albany, examiner in anatomy (1894); William S. Searle, M. D., 132 Henry Street, Brooklyn, examiner in obstetrics, and member of the syllabus committee (1894); John McE. Wetmore, M. D., 41 East Twenty-ninth Street, New York City, examiner in chemistry, and member of syllabus committee (1893); Jay W. Sheldon, M. D., 402 Warren Street, Syracuse, examiner in materia medica, therapeutics, and practice (1893); S. R. Wright, M. D., 166 Franklin Street, Buffalo, examiner in physiology and hygiene (1892); E. E. Snyder, M. D., 27 Main Street, Binghamton, examiner in surgery (1892).

—CHLOROFORM IN DIAGNOSIS.—The use of an anæsthesia in the diagnosis of children's troubles is, I think, not appreciated by the profession at all ; every man going about in his profession, either in his office or elsewhere, should always have chloroform to examine children. I always anæsthetize children that would otherwise resent the intrusion when I examine the eye or the ear. If you want to examine the throat don't say you can't do it because the child kicks and screams ; anæsthetize him, open his mouth, and take your differential diagnosis. Don't be afraid of chloroform ; it is a natural food for children.—*T. P. Wilson, M. D., Ohio Hom. Soc.*

—PHIMOSIS AS A CAUSE OF INFANTILE HERNIA.—There has been considerable said and written, says Dr. W. B. De Garmo, of the New York Post Graduate School, respecting phimosis as a cause of hernia in infancy, and some writers would have us believe that it was one of the most important factors in its occurrence ; but, after ten years of close observation of this particular point, I am convinced that it is comparatively of little importance. I recently had an opportunity of showing a case where it was unquestionably the cause of hernia. The opening was scarcely larger than a pinhole, and every time the child urinated the foreskin became enormously distended, and the child, crying with pain, would strain to relieve itself. Here certainly was a case demanding circumcision, and could not be expected to do well until this operation had been performed.

It has been shown that Hebrews are liable to hernia in just as large a proportion as any other class of people, and my own experience bears this out. If a child has phimosis to the extent of obstructing its free urination, circumcision should be done ; but short of this it is not a necessity on account of existing hernia, even though advisable for other reasons.

FUNCTIONAL DYSPEPSIA OR INDIGESTION.*

By W. B. CROFT, M. D.

THE familiar name of dyspepsia has been given to the difficulty in the physiological process of digestion. While to a merely disturbed condition of the functions, the term indigestion is more frequently applied. This distinction, difficult at all times to make, may appear more arbitrary than real, since it is one of the most common of all complaints, from its association with various other morbid conditions. The term is not unfrequently vaguely employed. For purpose of limitation, therefore, it will be understood that I now refer to chronic functional forms of indigestion, which depend, largely at least, on a purely nervous element, and for that reason we diagnose it as sympathetic dyspepsia.

What the precise relation is between digestive disturbances and the nervous system we may not fully understand. Even lesions of nutrition are known to depend upon primary disturbances of nerve influence. Such as the injury of nerve trunks are frequently followed by impaired nutrition. We might mention, also, that acute grief, despair, etc., will put an immediate stop to the digestive process. Impressions made upon the nerves of special sense will affect the salivary and gastric secretions. The flow of saliva is stimulated by the sight, smell, and taste, and even thought of food.

Among the agencies affecting the digestive process in dyspepsia may be mentioned :

First. Predisposing causes.

Second. Exciting causes.

In general terms it may be said that all conditions of depressed vitality predispose to the varied forms of dyspepsia. In some cases it may be the effect of hot and enervating climates, while in others the cause may be exhausting discharges, such as hæmorrhages, profuse suppurations, venereal excesses, sedentary occupations, and long-continued mental and moral emotions. Heredity may also predispose to functional dyspepsia.

The active competitions of life, the struggle for existence, the haste to get rich, the disappointments of failure, all contribute to this end. The general tendency of American life is also in the direction of a highly developed and morbidly sensitive nervous system, and functional dyspepsia is a natural sequence of this. Age also predisposes to weak digestion. The stomach becomes weak as age advances. There is diminished excitability of the gastric nerves, with diminished muscular action of the walls of the stomach, and deficient secretion of the gastric juice.

Anæmia is also a predisposing cause of indigestion. It affects at once the great nutritive process, and these in turn disturb the functional activity of all the organs of the body. Not only are the gastric and intestinal glands diminished in their function by impoverished blood, but the movements of the stomach are retarded by weakened muscular action.

Indigestion produced by anæmia is difficult of treatment, on account of the complicity of the conditions usually present.

Careful inquiry should be made, therefore, into the probable cause of the anæmia, and this condition when removed is an important part of the treatment of dyspepsia. But of all the predisposing causes of dyspepsia, deficient gastric secretions, with resulting fermentation of food, is perhaps the most prevalent.

In all such cases we have what is known as torpidity of digestion, and the conditions described are those of atony of the stomach.

We will now mention a few of the exciting causes: The immediate causes of dyspepsia are such as act more directly on the stomach. They embrace all causes which produce conditions of gastric catarrh, such as excess in eating, drinking, and imperfect mastication. Also the imperfect arrangements of meals (of which doctors are subject).

Of the exciting causes, errors of diet are the most frequent causes we have to deal with, and of these excess of food is doubtless the most common. In very many instances more food is taken into the stomach than is actually required to restore tissue-waste. (Especially is it true at such times as when State medical meetings are held, and banquets are given for the benefit of visiting brothers.) For instance, if food be introduced into the stomach beyond tissue requirement, symptoms of indigestion at once manifest themselves. The natural balance betwixt supply and demand is disturbed. The general nutrition of the body is interfered with; also the use of indigestible and unwholesome food entails somewhat the same consequence. Such as the skins, the seeds, and rinds of fruits, the gristle and elastic tissue of animal meals. All of these irritate the mucous membrane and excite symptoms of acute dyspepsia, which give rise to pain of a griping character, accompanied by diarrhœa. The diet, for instance, of a bodily laborer, should consist largely of nitrogenous food and meat. The quantity should be increased in proportion as muscular exercise is increased. Every conceivable ingenuity is resorted to to tempt people to eat more than their stomachs can properly or easily digest.

While, on the other hand, in many cases of a nervous form of dyspepsia, the weak stomach is frequently made weaker by severely restricted diet, and especially is this the case with mental workers. Men who toil with their brain rather than their muscles, whether dyspeptic or not, require good, easily digested diet. Haste in eating, with imperfect mastication, is a common cause of indigestion in this country. Haste in eating is one of the American vices. It grows out of the temperament of our people. We are jealous of loss of time, we bolt our food with unseemly haste, and pay the penalty in a ruined stomach.

Many cases of indigestion can be cured by simply doubling the time occupied in eating. We should have our meals regularly and give the stomach time to rest between meals. There may be exceptions to this. For instance, in chronic gastric catarrh the food should be taken in small quantities and at short intervals.

We will now give a few of the symptoms of functional disease of the stomach.

The more prominent of the local symptoms are:

A sense of fullness and distention after meals, discomfort during the digestive process, derangement of appetite, acid eructations, flatulence, regurgitations of food, and sometimes nausea and vomiting. There is

seldom severe pain ; the sensation is rather that of uneasiness. There may be pain which radiates from the stomach to the shoulders, and may pass down the left arm so as to simulate angina pectoris. It may be readily distinguished from that complaint by coming on after eating, and not after exertion. Dyspnœa may accompany other symptoms, arising from impeded movements of the diaphragm from being pushed upward by the distended stomach, or there may be heartburn, with thirst, in chronic gastritis, but absent in functional dyspepsia. There is no tenderness in this form of dyspepsia. There is an unnatural craving for food, and usually for indigestible and unnatural substances. The tongue varies much in character. In reflex sympathetic indigestion it is frequently clean ; while in hepatic dyspepsia it is generally thickly coated with a white or yellow fur.

Constipation is another symptom accompanying functional dyspepsia. We also get languor, drowsiness after eating, depression of spirits, irritability, sleepiness, palpitation, and a dry cough. It is impossible, however, to present, in this connection, a complete history of functional dyspepsia, for it is associated with so many separate and distinct affections.

It is usually a chronic disease, but the symptoms are not so continuous; there is less epigastric uneasiness, less tenderness, less nausea or loathing of food, less thirst, and less acidity and heartburn, less emaciation, and the constitutional symptoms are less severe.

As far as the treatment is concerned, I have but few suggestions to make, for special cases will furnish their own indications for treatment.

The first and leading indication is to remove as far as possible all causes of the disease, and this requires patient research and good judgment. The next thing to do would be to try and improve the general health of the patient. The next to look after would be the diet. Then regulate the habits of the patient as regards exercise and labor. And then comes the selecting of the proper remedy. And in this respect, it would open too great a field for discussion for me to attempt to give you even a single idea, so I will leave that wholly to you to decide, when brought face to face, while battling with this most complicated disease.

MEDINA, O.

AN ANOMALOUS CASE—THE REPORTING OF MIRACULOUS CURES.*

By FRANK KRAFT, M. D.

MISS N., aged forty-one, dark hair and eyes, nervous temperament, has a history of hereditary scrofula—perhaps dashed with syphilis. From the age of fifteen she has been ailing in one form or another, the menstruation appearing late, becoming irregular and painful, and

* Read before the Homœopathic Medical Society of Ohio ; Findlay, May, 1891.

eventually disappearing entirely. About the twentieth year a large open sore began on the right side of her face and neck, involving the ear. It was treated locally and otherwise, and was at last operated on, a part of the ear being sacrificed in the operation. From this time on this poor woman has been an invalid, one sore following close upon the other's heels until latterly no interval remained in the time of appearing, and the body, with the exception of the face, become a mass of putridity so foul that she had become an outcast—a practical leper. She has been an inmate, I think, of nearly every hospital in Cleveland ; she has been subjected to all forms of treatment medically and surgically, and she is now in a quasi-private home, cared for by her church people and that noble organization the King's Daughters.

Through the courtesy of the physician to the home I was permitted to see the case on January 8, of this year, with the tacit understanding that if I could do anything to ease her absolute agony for the few days or week, at most, that she had yet to live in, for she was unmistakably dying, very well ; every facility would be furnished me at my bidding ; medicines and means to tide over the inevitable. I am not repeating the words of the house physician, only the statements made to me at the office of the home, by the one in apparent authority, before I was permitted to visit the patient ; she was a morphine user, I was told, and this made her absolutely irrational and unreliable in her statements ; that she was exceedingly irritable and impertinent ; that there was, in consequence, no getting along with her ; because of the frightful air-contaminating discharges from her sores but one woman would go near her, and it had become necessary to fit up a little cottage for her apart from the general building.

When I looked upon the poor woman for the first time I was amazed at her feeble and helpless condition, as well as the filthiness of her surroundings. Sitting in bed—in a trough formed by her upright body, with both knees drawn up—was this most pitiable picture of wretchedness. When told that this was a new doctor come to see her, she snapped out some ungracious remark about having to submit to every medical student who cared to make to her one visit as he would to see a freak at a dime museum. Being left alone, by talking and sympathizing with her, I soon discovered that underneath this superficial layer of irritability and querulousness, there was a strong foundation of good horse sense, and that she could talk lucidly and entertainingly. I assured her that I had come not to study her misfortunes, but to honestly help her if she would let me. That I was there to make her illness less painful even if I could not fully restore her.

Did I want to see her foot ? Certainly. " I don't know whether you can stand the smell or not, the folks up at the house say it is terrible

bad. But if you must see it, there is the camphor bottle, and you needn't get any nearer than you are now, and you needn't touch anything ; you may leave the door open if you want to." It took considerable tact to handle this patient, who had been used so poorly that, like a wild beast at bay, it snarled even at the kindnesses tendered to it by loving hearts.

What was the status of the case on January 8? One foot had been amputated, leaving only the heel, and this not healed up. The other foot, when the cloths were removed, proved to be a shapeless clump, a mass of putrefaction, as large as a man's head. By dint of close examination I was enabled to see where one toe still remained. This mass was discharging a pus of a yellowish blue color which gave out an odor of warm, rotten cheese ; the warmth of the odor was associated in my nose with a sweetish smell which was overpowering and nauseating. I would gladly have availed myself of the camphor bottle, but realized if I did I might as well give up the case ; ulcers as large, many of them, as a silver quarter dollar, had edges sharp and clear, with little lazy rills of dark blood oozing into the sloughing mass. The sores extended up to the knee, prominently involving the popliteal space.

The legs were permanently flexed, she being unable to straighten either of them, but was compelled to sit in this inverted-capital N fashion. Sleep she couldn't because of the constant burning and throbbing in the foot and sores ; she took morphine, she admitted, because otherwise she could not keep from crying out, but it did not put her to sleep ; eat she could not, because primarily her soft palate was hanging simply by a few shreds, having almost ulcerated off in the course of years ; and her tongue looked more like a beefsteak beater, so rough and gnarled ; for years she had not been able to eat solids ; and, latterly, even liquids failed to go down ; but that did not matter, as she was never hungry. On her right hip there was one of the most horrible looking bedsores I have ever seen. It was as large as my two open hands, and when she shifted her weight on the other hip for an instant in order to show me the sore, the plaster which covered it fell down and with it came the skin, so that I could easily have passed four fingers between the skin and the bone. Bowels ran day and night ; no use keeping a bed-pan, because there was no knowledge on her part when the liquid fæces escaped ; so also with the bladder. The only precaution taken was to have a pad under her made of railroad transfer paper to gather up the discharges. Can this audience picture to itself an object of humanity more pitiable than this poor woman, surrounded by attendants who, though willing to help, were afraid of being poisoned ; this poor, helpless bit of creation wallowing in filth and forsaken by every one but God ? The only visitors of this poor child had been for months only well-meaning church people who left the door wide open—in mid-

winter—and prayed and sang for her soul's salvation, read from the Bible, and gave her all the consolations of religion. Some also sent her fruit, which was of no use, as she could not eat it. In short it was dinned into her ears the livelong day that she was not fit to live and she ought to die, because she was a burden to herself and a nuisance to others. "Many times was I tempted," said she to me afterward, "to turn my face to the wall, curse God, and die; but I didn't. I fully expected to die."

What could homœopathy do in so frightful a phase of human wretchedness and distress? Let us see.

The most careful study of the case of which I was capable,—and it took several days to get it simmered down,—determined me upon beginning my treatment with *Silicea* twice a day, and, as this was an undoubted chronic case, I gave it high, very high—in short *Silicea* 72 m. F. After two weeks, finding the improvement, which had promptly set in, dropped off a little, and the bowels putting on a *Bryonia* phase, I substituted that remedy. Then subsequently, on removing the dressings, I noticed that the pus had become as green as grass, and other indications with that caused me to prescribe *Asafoetida* with good results. *Hepar* came in later for a period, and did its duty nobly, then Sulphur, and so on, one after the other, until I dismissed myself, leaving a large envelope full of blanks to be used in an emergency which I did not anticipate but yet faithfully described. From the very first dose of *Silicea* high, very high, 72 m. F., there was a marked change, first for the worse, then for the better. After a daily dressing of the clump for her for a number of weeks, she found she could do much of the nasty work for herself, and little by little she gained strength until she could hold up the foot and dress it, so that my visits, from consuming two hours as at first, dwindled down to fifteen minutes daily. The first very marked change was in the odor, which quickly became bearable, so that the porter and the nurse did not need to leave all the doors and windows open when they came in for a necessary office; next the granulations began to show; the clump steadily decreased in size; three toes began to appear out of the mass; it ceased to burn and throb; her appetite came back; her bowels moved with some regularity; she began to sleep; her waking hours were no longer spent in being ugly and saying uncharitable things; her mind was no longer bent on the kind of clothes they would likely lay her out in; the neighbors came in and visited her in the good old-fashioned way without looking and talking coffins, and the resurrection and the judgment were relegated to another period. I might copy out another page or two of adulatory testimonials from Ayer's Almanac to show you how wonderful was my cure of this case, and what wonderful efficacy there is in *Silicea* high, very high, the 72 m. F. I will give but a few more

then come to the pith of my story, for you have only had the shell so far, and it contains a truly good moral.

On Easter Day I made a call on her after having been absent for nearly a month, and found her sitting in a wheeled chair, moving about the room, helping herself, and asking permission of the nurse to go out in the court. Her improvement had been steady from the first dose of Silicea high, very high, the 72 m. F.; her cheeks had filled out and there was a ruddiness that bespoke good health; her eyes, which had been poorly for years, had become so strong that now she could read and do fancy work; life was pleasant; victuals tasted good; odor of foot not bad; folks coming to her did not mind it; the attendants had ceased to be afraid of her poison. And all this was set in motion by Silicea high, very high, the 72 m. F.

To-day, May 10, I called again and found that the all-prevailing grip had not spared her, and had put her to bed again for two weeks; now, however, she was up and feeling all right. No discharge from the foot except a little water.

Was not this a beautiful exemplification of the Law of Cure, of the Totality of Symptoms, the High Potency, and the Single Remedy of Silicea high, very high, the 72 m. F. Then why call it an anomalous case? Why not let it go down the annals of time as a most marvelous cure by myself? Simply because I haven't told you the whole truth. I have no doubt that many of the miraculous cures reported in some of our literature are constructed in the same way. A case of intermittent fever is treated with Gelsemium 200 and 4 grain doses of quinine. The chills depart; the credit is given to Gels. and the quinine is forgotten.

But to return to my mutton. Before I came to this patient, for many, many days preceding, and for many, many days following, she used a grain more or less of morphine hypodermically; every night she had used, and continued to use, during my active ministrations, a teaspoonful more or less of Bromidia; for many weeks before I began with Silicea high, very high, the 72 m. F., twice a day, and after, she had taken the regulation doses for her age of Hood's Sarsaparilla, several tablespoonfuls a day. She had a chlorate of potash solution which she used for her throat; she had somebody's preparation to be taken every so often to give an appetite; on the very day on which I came in with my Silicea high, very high, the 72 m. F., somebody had recommended the Cuticura remedies, and instantly she had sent for them and asked my permission for their use. She filled herself with the medicine, greased herself with the salve, and washed herself with the soap. In dressing the foot I used Cuticura soap for a lather bath; I rinsed it off with dilute Calendula tincture. The first dressing was linen soaked in linseed oil; on this were piled cloths wrung out of Platt's chlorides; this

again was enveloped in oakum and absorbent cotton, the whole dressed in railroad transfer paper, and outside of that a cloth dried out of Platt's chlorides. The bedsore was dressed for a time with Arnica cerate, then Cuticura salve, finally with a plaster. Bovinine, I said, one day, was an excellent food in run down conditions, so she began to take that; to-day I find that Mellin's Food has been added to her menu.

Why did I not stop this terribly unhomœopathic mongrelism, this dope-ing, and rubbing on, and greasing with eclectic sell-alls and cure-alls? Well, to be frank with you, I had no hope of doing anything for the poor woman when I completed my first examination; I felt that in truth her day was not far off, and if a grain of morphine and a teaspoonful of Bromidia rendered life a little less burdensome to her for the few hours that she must continue to rot by inches, I believed it to be inhuman in the superlative degree to take them away. And after I found what a wonderful change Silicea high, very high, in 72 m F., was bringing about, I reasoned that perhaps her system had become so accustomed to these other drugs that their continued taking and using would not interfere with my Silicea in the 72 m F. So I let her go on with her daily drug-store. These have now all been discarded with the exception of the morphine, of which she takes occasionally as high as a half grain in twenty-four hours. The other adjuvants are secondary matters now.

To-day this woman, from having been a leper, an outcast, loathesome, filthy, an object of most abject misery, wretchedness, and helplessness on New Year's Day, given up to die as late as the 8th of January by skilled physicians, is an entirely different woman, her foot healing slowly, perhaps will never get wholly well, but not giving her any undue trouble; she eats and drinks and sleeps; her bowels are in bounds; bladder all right; bedsore all healed up; she is sitting in her chair and wheeling herself about the garden enjoying God's sunshine and the beauties of Nature; and what brought about this wonderful, miraculous state of affairs? Why, Silicea high, very high, 72 m F.

CLEVELAND, O.

ON THE MEDICINAL USES OF THE BEE-STING POISON.*

By W. T. FERNIE, M. D.

(Concluded from page 287.)

NEXT I was led to consider what might be the chemical composition, or, perhaps, the organic character of the bee-sting virus and of allied animal poisons; and then to wonder why any analogous toxicant, such as, for example, the vaccine lymph, should not act in the same poten-

tial way as was claimed for this *Apis mellifica*, by being swallowed instead of being introduced into the absorbent system through a puncture. If this desideratum could but be accomplished, many of the objections raised against vaccination would be silenced, and the Hahnemannian law of infinitesimalism would be triumphantly vindicated.

In subsequent years it has come about that the Pasteur theory and practice with regard to the rabid virus of dogs, and of other animals, have found a place in established medical therapeutics; and I take these as legitimate subjects for speculation from the point of view of my former and present reflections, saying so "with bated breath and whispered humbleness," rather than as laying the least claim to be an original thinker in the matter.

Dr. Gouch—who by common consent now speaks authoritatively on these points—says, "A sheep fed upon potatoes which have been the medium for the cultivation of the anthrax bacillus, dies in a few days. Similarly, animals fed upon the nodules of bovine tuberculosis become tubercular."

Bollinger also has demonstrated that milk can prove infectious if drunk when derived from cows suffering from any form of tuberculosis; and these facts appear to prove without doubt that certain animal poisons—which bacteriologists adopt as working septicallly through living microbes or through the morbid matter which they manufacture—can exert their deleterious influence on the body by being swallowed, as well as by being injected into the blood.

Surely, therefore, we are justified in asking whether any clear line of distinction and demarcation lies between the bee-sting poison, the serpent poisons, the vaccine virus, and the ultimate pathogenetic causes of rabies, tuberculosis, and the exanthematous infective fevers.

Dr. Bristowe, in an address given by him six weeks ago on tuberculosis, said, "Most of us believe that all specific infective diseases are due to specific living organisms." He added at the same time, "These septic organisms act commonly by means of a poison which they discharge, and which is absorbed by the circulating fluids; in which cases the poison is soluble, and can be obtained in solution, entirely free from bacterial or other organisms, and from putrefactive taint or tendency." This being so, I would again press the question why such a solution, when sufficiently diluted, may not be employed curatively, as a medicine, with more precision, more singleness of action, and better facilities for regulation of its doses—not to speak of the paramount homœopathic advantages thus secured—than by subcutaneous injection or inoculation.

I am by no means unmindful of the effect produced within the stomach by its secretions operating on living microbes when swallowed.

According to Drs. Kurlow and Wagner, who have recently investi-

gated the influence of gastric juice on pathogenic organisms, only the most prolific microbes, such as tubercle bacilli, the bacilli of anthrax and perhaps the staphylococci can continue to exist in the normal gastric secretion ; all others being destroyed by this powerful germicidal agent in less than half an hour.

But no collateral evidence is forthcoming, of which I am aware, tending to prove that the potential and toxicating solution eliminated by septic microbes is equally spoiled, and rendered abortive, by contact with the gastric juices.

As to the chemical composition of the several animal poisons, I learn that formic acid is said to be the basis of *Apis mellifica*, while bacteria are found on analysis to consist of mycoprotein (a combination of carbon, hydrogen, and nitrogen, without sulphur or phosphorus), together with fat, ash, and undetermined substances.

But Dr. Gooch says "It is a positive fact that the intimate nature of the contagium in many diseases, such as hydrophobia, variola, vaccinia, scarlet fever, and measles, is at the present day undetermined, and invites further research." I am therefore again warranted in supposing that as yet no ascertained line of separation exists between the poisons, when fundamentally considered, of the bee sting, serpents, rabies, and the infective febrile diseases.

One significant circumstance can be adduced with respect to the bee-sting poison, as placing it—*cateris paribus*—on a level with the attenuated forms of rabies virus employed by Pasteur for conferring immunity on his patients against harm by the concentrated virus. It is well known among bee keepers that after being repeatedly stung throughout some weeks, or months, a person who suffers acutely at first from the assaults of bees will become less and less liable to be affected thereby, and eventually altogether impervious sensibly to the poison. As far as my personal experience in bee keeping for several years has led me to observe, this acquired immunity continues throughout a time of cessation from being stung,—during the winter months until the next summer,—being thus differentiated as I believe from the hardihood gained against tobacco, arsenic, and other noxious toxicants by those who have become inured to them, and which lasts so long only as they are habitually employed, and no longer. Notably as regards alcohol, a very small dose of this will serve to intoxicate the confirmed and degenerate drunkard, though when first beginning his career of inebriety the same person could probably swallow a skinful without becoming topheavy or incapable.

In speaking of the cultivating fluids employed by Pasteur and by other bacteriologists for attenuating septic organisms and obtaining their potential solutions, Dr. Gooch says great stress is to be laid upon the importance of successive cultivations of the microbes in these sterilized

liquids, such as nutrient gelatine and the like, through many generations, as the objection that a chemical virus may be carried over from the original source is thus overcome. "And," he goes on to say, "any hypothetical chemical poison carried over from one tube to another would, after a great number of these cultivations, be diluted to such an immense extent as to be inappreciable, and absolutely inert." If this were so, the objection thus raised against my view that toxication by swallowing highly attenuated pathogenetic fluids may successfully supersede cultivated germ inoculation, would be insuperable.

But our special and incontrovertible knowledge of the effects produced—whether by Apis 30, as the bee-sting poison—or by highly diluted Lachesis, Naja, Crotalus, and the like as serpent poisons, when swallowed medicinally, both refutes the allegation of Dr. Gooch, and tends to conform the analogy between these chemical viruses and the toxic poisons obtained in solution from cultivated bacteria. Dr. Hughes says the curative action of Lachesis, if worth anything at all, proves the validity of the infinitesimal dose. He further directs attention to the singular likeness between the symptoms of Crotalus poisoning and those of yellow fever, which would now in all probability be pronounced of bacterial causation.

In like manner, if the principle for which I contend is a valid one, the radically alterative effects promised by Dr. Koch and his followers from inoculation of his fluid against tubercular phthisis and lupus should be brought about as readily by internal administration of this fluid as by subcutaneously injecting it in high divisions, such as a milligramme, and without the attendant risk of a dangerous shock. But the safety and expediency of Dr. Koch's whole proceeding are as yet so much *sub judice* and even *sub lite*, that I refrain from dwelling on it.

As far as any analysis of his Tuberculine has been made, it seems to be purely chemical, consisting of peptone, hemi-albumose, glycerin, and common salt. But it is further stated that after the primary bacilli from which this liquid is elaborated are destroyed by heat or by antiseptics in any cultivating fluid, spores are left which have a thick investing membrane of two layers. These spores are difficult of destruction, and can retain their vitality even when desiccated. No stain will penetrate them until the capsule has been ruptured or changed by strong acid; and this may certainly be accepted as an argument on our side for effective mechanical trituration of the tough, intractable spores, so as to make their contents soluble for absorption by mucous membranes, just as we pound up the diminutive nuts of Lycopodium, each about $\frac{1}{800}$ part of an inch in diameter, in an agate mortar, knowing that all preparations of this drug which do not involve a complete fracture of its particles are inert. For making even the first decimal strength a trituration of the spores for at least two hours is necessary.

More and more therefore am I led by these several arguments to advocate administration by the mouth of potent toxical organic agents, highly attenuated and in a soluble form, whether these be classified as chemical or septic.

Reverting for a moment to the vaccine virus, and quoting the recent dictum of Dr. Bristowe that cow-pox is doubtless small-pox attenuated by passage through the cow, I would claim for the vaccine lymph, whether got from the heifer or by transmission through the human subject, an innocuous protective power of sure action against small-pox by being taken internally, if the patient be at the time of its administration prone to contract variola. But the toxicant will presumably remain inert and abortive if no liability to take small-pox on exposure to its infection be then occupying the patient's system. For which self-convincing reason the practice of thus protecting our patients, or leaving them unscathed if then needing no such protection, both as infants by this primary gastric vaccination, and as adults by the repeated process, should and would strongly commend itself to public favor, if the hypothesis can only be substantiated.

Perhaps you may at once detect fatal flaws in my mode of reasoning, and may suppose me, for lack of sufficient reading, or instruction upon a question already settled in a manner adverse to my views, to resemble the tailor in Shakespeare's play of "King John," whom *Hubert* saw

Standing in slippers, which his nimble haste
Had falsely thrust upon contrary feet.

Or, in less elegant phraseology, you may accuse me of having got hold of the wrong sow by the ear. If so, I shall penitently submit to correction at your lenient hands.

Or, it may be, you will say that while professing to talk about *Apis mellifica* as a therapeutical agent, and discoursing of its various virtues, I have wandered aimlessly from the main road of my subject into barren by-paths of uninteresting and unsound pathology. Let me acknowledge, with confusion of face, that I have very little to tell from personal experience concerning the therapeutic action of the bee-sting poison as a drug; and I have rather hoped to gain benefit by starting the subject and gleaning the experience of other more busy workers in the arena of modern medicine than to furnish original information on the point. It happened felicitously to myself, several years after my pensioner's fortunate episode, to prescribe tincture of *Apis*, from a distance, for a sweet, fair-haired angel of a child, lying alarmingly ill with advancing hydrocephalus, and to rescue her straightway from the danger which threatened to quickly extinguish her life. Beyond this illustration, my acquaintance with *Apis* medicinally has been restricted to the usual cases indicated by its provings and particularized in our

text-books. Under Dr. Blake's tuition I have learnt that the drug specially stimulates the vaso-motor apparatus, that it causes shooting pains in the occiput, and proves curative of septicæmic urticaria, such as follows on pyæmic absorption.

Also a medical friend of his, who took tincture of Apis by mistake, experienced weakness and numbness in the upper limbs, particularly of the ulnar fingers.

And we were reminded at our last meeting that Dr. Gibbs Blake supplied a paper, some years ago, to the annals of our society, on the cure of albuminuria by Apis, with detailed cases.

Now, in conclusion, let me express a sincere hope I have not wearied you overmuch by my discursive aberrations, or seemed to treat a serious subject in too light and trivial a style. You will remember what Horace says in one of his epistles about the advantages of occasional levity, even in a grave treatise :

Discit enim citius, meminit que libentius illud
Quod quis deridet, quam quod probat et veneratur.
Men see a joke, when to a sermon blind ;
What laughter points dwells longest in the mind.

While keenly alive to the deficiencies of my crude paper, as compared with the erudite and finished theses usually forthcoming at our monthly gatherings, I would pray you to be mindful that the rough stick of Brutus, cut by the hands of a clown from a Roman hedge, contained a rod of gold, and that, as Emerson pithily puts it, God sometimes hangs a heavy weight on one of the thinnest of wires.

Discussion.—Dr. Hughes, after expressing his enjoyment of Dr. Fernie's paper, said that he saw no reason why viruses should not act by the mouth, though not so potently as when introduced beneath the skin, or into the veins. Vaccinine had been given by the mouth in small-pox, and also to effect vaccination ; in both cases with apparently good result. He doubted, however, whether patients generally would consent to be so vaccinated. Dr. Hughes thought Wolff's book a little too enthusiastic, and many of the supposed pathogenetic symptoms—taken from Hering—on which he bases his applications of Apis, are "clinical" only.

Dr. Blake said that Dr. Burford was quite right in his observations at the last meeting ; there was no evidence to show that Apis had primarily affected the kidney. Unfortunately, in the cases where there were renal symptoms, no analysis of the urine appears to have been made. Dr. Blake had listened with peculiar interest to the contribution of Dr. Fernie. He was much struck with its cultivated and scholarly style. He said he felt quite a paternal pride in Dr. Fernie as having stood sponsor for him at the medical font. Dr. Blake used the

animal poisons very largely in his practice; he relied on them in the most grave and urgent conditions. There is a strong family likeness between the animal poisons in their sphere of action; even the medusa acts on the skin, the heart, etc. The following proving, if substantiated, would go to show its power of profoundly modifying the condition of the intracranial perivascular spaces. In the *Lancet* for last March, Dr. Althaus says, at page 715, "I have seen a case of epilepsy in a farmer, aged thirty, who had been in perfect health till he was one day stung by bees. This caused inflammation of the hand. He never recovered his health thoroughly after this, and nine months later had his first epileptic fit without any assignable cause."

Unfortunately no information is given as to the condition of the urine. Yet even with this serious omission, the case is full of suggestiveness to physicians without prejudice. For another proving we are indebted to an allopathic doctor. It is of especial value for two reasons:

1. The prover thought he had taken an entirely different drug, one that in his opinion was quite inert.

2. He was a skeptical, cool, and clear-headed person, with the critical temperament well marked. This fragmentary proving is so important and so brief that I will venture to reproduce the whole:

February 15, 1887. Dr. — says: "In the morning I had a pain as though an oat-husk had stuck in the left side of the larynx, external to the aryepiglottic fold. Took about 13 minims of *Apis mellifica*, thinking it was *Lachesis* 6. I added a quantity of water, and tossed off the mixture. I was then galvanizing a patient. In about three minutes I began to feel very strange, and the sensation increased so that I had to stop what I was doing.

"I then sat down and wrote these notes *as the symptoms arose*.

1. Feeling as of a sudden blow on the occiput.
2. Swimming sensation.
3. Sense of constriction in throat.
4. *Sudden* disappearance of pain in left hyoepiglottic fosse.
5. Twitching of muscles and slight trembling.
9. General sensation of fullness and weakness of coördinating power, especially in hands.
7. Oppression at bottom of sternum.
8. Pain down left ulnar nerve.
9. Weight and tension at back of neck.
10. Dimness of sight.
11. Sense of weakness in upper limbs.
12. Slight numbness of left hand, particularly of ulnar fingers. This subsequently increased very much, and amounted to complete anæsthesia of left ulnar fingers. Also want of power, with incomplete anæsthesia of both hands.
13. Irritability of bladder, a usual symptom with me, diminished.

"You know what a thorough disbeliever I am in most of the 'so-called' provings."

Dr. Fernie had referred to him as using *Apium virus* for autotoxæ-

mia, of self-poisoning with pus products. In these cases Apis is indeed the "king of remedies." It covers well the anæmia, the skin affection, and the profound apathy of the lymphatic system.

The following example was presented by the wife of the unconscious Apis prover :

Mrs. —, age thirty-seven, suffered before marriage from endometritis and retroflexion. Married ten years. Had borne two children. Becoming pregnant again, life was endangered by the extreme severity of the vomiting. It was thought right to induce artificial labor. Pelvic cellulitis followed this, and the womb became bound down to the rectum by firm adhesions in Douglas's pouch. She now fell into a miserable condition. Low type of recurrent feverishness, extreme prostration with debilitating sweats and persistent pelvic pains. Early in 1881 a distinguished gynæcologist was consulted, who opened the abdomen, and removed the ovaries, which were found to be in a condition of cystic degeneration. After this the patient was much better for a year, when she slowly reverted to her old condition. She now began to suffer from recurrent intractable vomiting, also from itching of the skin, sleeplessness, profound mental misery, and loss of hair. The white face and greatly swollen, raw-beef-like tongue, irritable throat, poor appetite and torturing thirst, flatulence, abdominal fullness and severe constipation, pale urine, sp. gr. 1005, the kidneys doing no depurating work, short breath, palpitation, loin pains, numbness along the ulnar nerves, were present. There existed also much general dropsy and varicosis of legs. These symptoms yielded to Apis mellifica 12 centesimal. Soon after witnessing the effect of the Apis on his wife, the husband, a specialist on the throat, was summoned one night by a neighboring practitioner to operate on a case of œdema glottidis. Before proceeding to perform tracheotomy, the doctor bethought him of the Apis 12. He resolved to give it a trial, and with the satisfactory result that the patient was out of peril by the morning, and the operation was permanently postponed. Apis is the only remedy which Dr. Blake had seen remove chronic effusion between the layers of the broad ligament. Mrs. —, aged twenty-eight, had been married two years. Ten months ago was delivered of a still-born child at full term. She has never been well since. She feels a lump in her left groin, which has been diagnosed to be many different things by many differing doctors. The senior surgeon of the Samaritan kindly saw the case with me, and we agreed that it was the left broad ligament of the uterus greatly distended with fluid. As its formation had not been attended by rigors nor followed by hectic, and as its disappearance was associated with no hæmatin staining of the skin or urine, we considered that it was probably serous. It was possibly a ruptured cyst. Under the bee poison this condition disappeared in four weeks, after ten months' duration. The remedy was first given

in the 6th centesimal for one week, then in the 3d decimal dilution. Seven years have passed and no recurrence has taken place. This lady goes for long tricycle rides in the country—a fairly good test to apply to the parts once so seriously enfeebled.

Chronic pain in sacrum with œdema. In morning diarrhœa, myalgia of the deltoids, and for that peculiar rigidity of the throat, indicating submucous effusion, Apis is invaluable. The typical headache appears to be of the bursting occipital type, resembling in site and action its congener hellebore, relieved by pressing with the hands. Of profound interest is the last case recorded in that invaluable work *The Cyclopædia of Drug Pathogenesis*, under Apis. This goes to show that bee poison is the remedy for reflex eustachian asthma. It also makes it appear probable that bee poison is volatile.

Mr. Wright, in speaking of the action of Apis in diphtheria, said that he was disappointed in the results he had obtained. In the case of a man admitted into the hospital under Dr. Moir for urgent dyspnœa, he examined the larynx and found that there was an extreme œdema of the whole of the structures of the upper aperture of the larynx. This was the condition in which Apis was indicated, and it was accordingly given, but in spite of it, two days later, patches of typical diphtheritic membrane developed on the diseased parts. In many other cases, in children, he had found that Apis had no influence in preventing the occurrence of the membrane.

Dr. Moir, speaking of the same case as Mr. Wright, said he had come to the opposite conclusion, viz., that the patient was much benefited by the Apis, as it was a case which had been sent in for tracheotomy, and within forty-eight hours the greater part of the œdema was gone; but he agreed with Mr. Wright that it had no special influence on the diphtheritic membrane.

All bee-keepers seemed to get inoculated or indifferent to the stings after a short time, and he would like to know from Dr. Fernie whether he suffered much from the stings when bee-keeping, and how soon he became inoculated. With regard to the administration of the animal poisons he thought the more exact methods by hypodermic injections or by absorption from a blistered surface, as recommended by Dr. Hayward for the serpent poisons, ought to be more extensively tried.

Mr. Cox, speaking of Mr. Wright's case of œdema of larynx, said that he had watched the case in the hospital from its commencement. The patient was admitted with intense dyspnœa, and tracheotomy appeared imminent; under Apis the improvement was remarkable—the œdema passed off and respiration became easy. When able to examine the larynx, two small patches of membrane were noted. The man got well, his improvement being rapid at first and gradual afterward. He had no other medicine except Aconite for some time.

Mr. Wright said that Dr. Moir and Mr. Cox had misunderstood the remarks he had made about Apis in Dr. Moir's patient. He contended that it had not prevented the membrane appearing, which was the case. The œdema certainly did subside, but the question remained, Was this due to the Apis or the steam inhalations which the patient was receiving as an accessory treatment ?

Dr. Cooper joined in the thanks so freely given to Dr. Fernie for his very interesting paper, and hoped that we shall be favored by an increased proportion of papers dealing with drug-action, as this, pre-eminently, is the work of the Society. Dr. Fernie had mooted a question that bristled with difficulties, and one which could not possibly be dealt with in the compass of a short paper, namely, the variations in the behavior of remedial agents when administered subcutaneously and by the mouth. Dr. Cooper had used subcutaneous injections at one time rather frequently, and he considered he had noted a marked difference in the behavior of the high dilutions when given subcutaneously and by the mouth ; he had never seen the slightest characteristic effect follow a hypodermic injection of a high dilution, but very marked effects had attended their buccal administration.

Again, Arnica acted with intense violence when applied to the skin in persons sensitive to its action, but no such violent result had he seen from it when given by the mouth, and he argued from this, as well as from many other facts, that remedial agents differed very much in the intensity of their action in accordance with the part of the body to which they were applied. In the treatment of deaf cases, he had often used our triturations as snuffs, and he had observed with some, a very marked effect upon remote organs, while with others the effect seemed limited, much more so than when given by the mouth, to adjoining organs. With Ammonium muriaticum, for instance, its third decimal trituration is followed by a feeling of dryness not confined to the nasal mucous membrane, but extending very markedly to that of the rectum and other parts of the intestinal and vesical mucous tracts. The effects the Ammonium mur. exerts is primarily a drying up of the fluids and consequent lessened liquidity of the fæces, and diminution in the quantity of the urine, and this when given simply in the form of snuff. Coming to Apis, Dr. Cooper insisted, as others have done, that Apis cannot at all be considered as a polychrest ; it acts most satisfactorily when indicated, but its indications do not justify us in considering it a polychrest. Dr. Cooper had seen Apis act in the most magical manner in throats attended with localized patches of œdema ; the puffy, whitish, submucous swelling that sometimes occurred in inflamed throats disappeared as by command after a dose or two of Apis. Dr. Cooper was intensely interested by the narration of Dr. Fernie's initial case. He had heard of it many years ago from his old friend Dr. John Wilde, of

Winchester, now of Weston-super-mare, and if his memory served, the drink concocted by the peasants from the honey-comb on this occasion was termed in the country "hum" (to this Dr. Fernie assented), and he referred to it specially because, when practicing in Southampton, he had been at pains to obtain information on the subject from his dispensary patients, and never succeeded in finding any who could enlighten him about it.

Dr. Dudgeon (in the chair) said he had seen *Apis* of use in ascites, chemosis, and œdema of glottis. Cases of rheumatism had been of late years recorded as having been cured by the sting of bees inflicted voluntarily and involuntarily.

In reply to the remarks made by the several members, Dr. Fernie said : He scarcely could agree with Dr. Hughes that, even if advised by medical men to swallow the vaccine lymph, patients would object on the score of its being repulsive. In former times persons willingly took as medicines powdered skulls, serpents' dung, and other such abominations ; while to-day, mysterious matters, such as anti-canceroso, anti-scrofuloso, etc., are unquestioningly swallowed. He would ask if the *Apis* tincture, which seemed to fail with Mr. Wright, was reliably prepared from infuriated bees according to the approved directions ? though the recited case of the pensioner did not seem to bear out this necessity.

Dr. Cooper had kindly reminded him the brew which acted so successfully in the case adduced, and which Dr. Cooper remembered hearing about at the time, is called "hum" in Hampshire, and Dr. Fernie remarked that bee hum had been certainly proved anything but hum, associated with another insect, the *Cimex lectularius*.

He could not from personal experience answer the query of Dr. Moir, whether being repeatedly stung by bees provoked the use of bad language, with a craving for whisky. In reply to the suggestion by Dr. Dudgeon, that the use of bees designedly for stinging a gouty or rheumatic limb may be beneficial, Dr. Fernie said his gardener, who helped him in attending to bees throughout several years, and was often stung by them, had no attack of rheumatism during all that time, though he had frequently suffered from the malady before and has done so again since.

—Recently a Frenchman suicided near Paris. Aware that he was about to commit a dark deed, he tied a lighted lantern to each foot before fastening his neck to a tree branch.

—THE DIFFERENCE.—Every case cured is due to our skill and medication : every case lost is chargeable upon Divine Providence.—*J. D. Buck, M. D.*

ASAFŒTIDA.

By S. LILIENTHAL, M. D.

THE *Populäre Zeitschrift* of November, 1889, mentions a case of constipation reported in Kafka's classical work of Homœopathic Therapie, i, p. 509, and adds remarks to the case.

A patient suffering from cardialgia with spasmodic constriction at the ileo-cæcal valve, and very obstinate constipation, threatening stenosis. The cæcal region was swollen and painful, but the pains were relieved by pressure (hence not inflammatory), peristaltic motion was more upward, with frequent eructations of fæcal odor, and constricting pains in the stomach and ileum, so that the contractions could be felt during the pains, but could not be felt at any other time. The discharge of flatus was nearly entirely inhibited and the bowels moved only after an injection or an infusion of senna. Kafka prescribed Asafœtida 1st, 2 drops, three times daily, and as the pains diminished he increased the dose daily by one drop, and with a dose of 10 drops the bowels became regular and remained so.

Mossa, of Stuttgart, remarks on that case that formerly Asafœtida was often prescribed and often abused, as soon as the diagnosis of hypochondriasis and hysteria was made; and it is remarkable that in a great part of Asia, and especially in China, the root of this plant is used as a spice in preparing food, just as we use onions and garlic, and it must be natural instinct which led people to use these plants, whose odor is disagreeable to many persons, as they contain an ethereal oil, called allyl in organic chemistry, in combination with sulphur. The more sulphur-allyl such a plant contains, the stronger is the odor and taste. It is taken up by the blood and thus penetrates through the whole body and the breath smells strongly from its use. In the intestinal canal they produce large quantities of hydrosulphuretted gas. Professor Schulz, of Berlin, explains their action in a queer manner. When the old, dried-up, red blood corpuscles will not die to make place for a younger generation, but accumulate in the portal circulation, they only disturb the rejuvenation of the blood, and it is the duty of medical art to destroy these tough blood globules and have them excreted by the bile; hence the use of drugs containing sulphur, and their well-known action in the disturbances of portal circulation and in hæmorrhoidal affections. Asafœtida and *Allium cepa* ought to be more frequently studied and employed. Mossa used the latter successfully in abdominal colic, especially when the bladder was also affected, or when damp or cold chilled the feet, or when the use of cucumbers or green salad could be blamed for it.

A similar case to the one prescribed for by Kafka has lately been cured by my son, Dr. J. E. L., with Magnesia phosphorica, in a girl

who suffers from spasmodic attacks in the ileo-cæcal region, perhaps brought on by adhesions formed during former attacks of genuine typhlitis, and it may be advisable to keep this case in our memory, when such remedies as Belladonna or Mercurius fail to give relief.

Clinically, Farrington teaches, Asafœtida is suited to the nervous when their condition is the sequel of the checking of habitual discharges, such as the external healing of running ulcers, sudden suppression of the diarrhœa (this agrees well with Schulz's theory). Also after abuse of mercury, when not only the patient is nervous, but there are likewise affections of the bones and periosteum, such as caries. There are extreme sensitiveness in the region of the carious ulcer, and severe pains at night, so that the bone becomes intolerable to all dressings, and offensive discharges from the bone. Holcombe, of New Orleans, cured several cases of scrofulous caries of the bones with Asafœtida, 12th potency, and Dr. Fitz Mathew, of Pennsylvania, (Skinner's Organon, 1880, p. 347), publishes an interesting case of gastric neuralgia. The old lady was supposed to have suffered for years from ulceration of the stomach. She complained of violent, agonizing, periodical attacks of pain, radiating from pit of stomach to the hypochondria, with palpitation of the heart, and profuse secretion and accumulation of mucus in the mouth. Asafœtida 200 promptly relieved, the attacks became less frequent, and finally she was cured.

Kafka used the first up to 10 drops thrice daily, Holcombe the 12th, and Mathew the 200th, and it teaches us that the selection of the drug is our first duty ; and oh, if we only had something to guide us in the selection of the suitable dose. We cannot agree with Hughes when he says, that in hysteric disorders the dose should probably be from the second downward, while in diseases of the bones, Asafœtida is praised in the dilutions from 12 to 30. Hughes rarely uses this drug, preferring the more agreeable Moschus, whose action seems so very similar, and gives the former only in tympanitic distention of the abdomen. But Mosch. has not the oversensitiveness so characteristic of the drug, nor the affections of the bones which may find the explanation in the queer theory of Schulz ; and if we compare it here with Sulphur we must acknowledge that in the latter very little of that hyperæsthetic neurasthenia is detected which stamps Asafœtida in all schools as a leading remedy in hysteria ; and we may therefore conclude that the passive congestions of Sulphur are of different origin, though they may show themselves by an intermittent, periodical neuralgia, than the pains and aches of Asafœtida. When we ask again what kind of bone affections and caries are curable by Asafœtida, we read more of scrofulous cases where it was given advantageously and of failures where the disease arose from other causes. Nobody ever employed Asafœtida in simple syphilitic cases ; but where mismanagement added mercurial

poison to the syphilitic one, injuring every tissue and fluid of the body, demonstrating itself by the foulness of all discharges from any orifice of the body, Asafœtida may still aid us in the purification of such unclean bodies, often tortured with pains and hardly will power enough to bear them. Is not rachitis too often the punishment of the children for the sins of the fathers? Is not scrofulosis more or less always the effect of transgressions against the laws of nature? And if, as Schulz says, Asafœtida, and similarly acting remedies, help us to carry off effete blood corpuscles, and thus rejuvenate the body, we will understand better the action of a drug which too often is neglected on account of its disagreeable taste or odor. But perfumes are prepared from nasty things, and in its higher potencies it will often become a blessing and a perfume to our patients.

CORRESPONDENCE.

—WISCONSIN HOMŒOPATHIC NUGGETS.—Dr. W. R. Churchill (Black River Falls, Wis.), in a communication under recent date, says: "There are a good many around here that employ homœopathy. I never was in a place where it was employed to the extent that it is here. We are having considerable of cholera infantum, cholera morbus, diarrhœa, and dysentery here now. The stools in most cases are slimy, bloody, with terrible tenesmus. We have not lost a case, while our allopath brethren have lost almost all of their cases. The remedy we use most is Mer. corr. 3x. I want to tell you of our medical society we have formed here. We got several homœopathic physicians to meet here at our office on July 7, 1891, and we organized a society, calling it The Western Wisconsin Homœopathic Medical Society. We take in all counties from La Crosse to Eau Claire. We can get together from twelve to fifteen at each session who have said they would join or have joined. We have adopted the constitution and by-laws of the Wisconsin Homœopathic Medical Society. We held a session here on Tuesday, August 11, 1891, and had a pleasant and profitable time. All said they felt well paid for coming. We hold sessions every three months. The next meeting is in Sparta, November 11, 1891. The following officers were elected: President, Dr. Noble, of Eau Claire; vice-president, Dr. Munson, of Warrens Mills; corresponding secretary, Dr. King, of Fairchild; recording secretary, Dr. Churchill, of Black River Falls; treasurer, Dr. White, of Black River Falls."

To the Editor :

In the last issue of the HOMŒOPATHIST mention is made of a cure of dropsy by means of a "brew made from bee bread," which reminds

me that nearly twenty-five years ago, perhaps longer, there appeared in some medical journal—Braithwaite, I think—a mention of cures of dropsy by means of “an infusion of bee bread.” After reading that notice, I tested the infusion several times, and found it to act even more promptly than any preparation of *Apis mel.* That there is the virus of the bee in honey, and bee-bread, there is now no doubt, for competent observers assert that just before the bee closes the cell, the sting is inserted, and a minute drop of virus deposited in the honey. The same is done with the pollen which form the “bee bread.” Opium virus is probably the most powerful antiseptic known. Insects stung by bees never decay; a species of hornet sting insects for the food of their young. These insects retain their juices as if living for years!

Yours,

E. M. HALE.

CHICAGO, ILL.

BOOK REVIEWS.

A TREATISE ON DISEASES OF THE EYE. For the Use of Students and General Practitioners. By HENRY C. ANGELL, M. D., Professor of Ophthalmology in the Boston University School of Medicine; Ophthalmic Surgeon to the Massachusetts Homœopathic Hospital, and to the Boston Homœopathic Medical Dispensary. Otis Clapp & Son, 1891, \$3.00.

A seventh edition of this popular eye text-book, rewritten and illustrated, attests the estimation in which it is held by the profession. Prof. Angell possesses the happy faculty of combining the technicalities of this most outrageously technical topic with an eloquent and interesting pen, so that the tediousness of following page after page of learned description is pleasantly relieved by the vivacity of style employed. “This work, from the time of its first issue, has in our opinion been decidedly the best book of its size that has been published.” This is the opinion of an ophthalmic professor of our acquaintance; and we have no hesitation in speaking in equally strong language of the book. It is just large enough for the student and general practitioner without swamping him or them with sections from the algebra, or Euclid, or the higher mathematics; it is a practical hand-book, devoted to the class of work which is likely to come to the general practitioner, and leading on to the more intricate operations about the eye. The doctor who can comprehend and apply the lessons set out before him will be able to give very satisfactory services to his patients.

HEREDITY, HEALTH, AND PERSONAL BEAUTY. By JOHN V. SHOEMAKER, A. M., M. D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Phila.; Physician to the Medico-Chirurgical Hospital; Member of the American Medical Association, of the Pennsylvania and Minnesota State Medical Societies, The American Academy of Medicine, The

British Medical Association ; Fellow of the Medical Society of London, etc. Philadelphia and London : F. A. Davis, publisher, 1890. \$2.50 cloth net ; \$3.50 net, half morocco.

A wonderfully interesting book, as the titles of its thirty-seven chapters must prove to the most desultory reader, the first seven or eight whereof are devoted to the hereditary part, while the remaining chapters are given over to an instructive presentation of Health and Personal Beauty. It is clearly a book which cannot be read by piecemeal or a little browsing here and a little nibble there ; it is so ably conceived and constructed that it is truly a blunder to attempt a judicious "skipping." It is a work that reads itself—that is to say, a book which it is not a task in any sense of the word to read ; it does not assume a specially prepared mind, nor even a medically trained intellect. The Evolution of the American Girl—being Chapter XII—is worthy of several readings. So also Chapter XVI—Bathing as Practiced in Ancient and Modern Times. In fact, there is no chapter of this interesting book that can be safely omitted. The subject is so novel, so well handled, so free of the pedantic and the commonplace, that it is a delight to follow out the argument of the writer, and appreciate the sound advice he gives touching the care of the various parts of the body ; and we would especially recommend the book to the careful consideration of the gentler sex.

A TEXT-BOOK OF MATERIA MEDICA AND THERAPEUTICS, CHARACTERISTIC, ANALYTICAL, AND COMPARATIVE. By A. C. COWPERTHWAIT, M. D., Ph. D., LL. D., Professor of Materia Medica and Therapeutics in the State University of Iowa, author of a Text-Book of Gynæcology, Insanity in its Medico-Legal Relations, etc., etc. Sixth Edition. Entirely rewritten and revised. With clinical index. Chicago : Gross & Delbridge, 1891.

The first edition was issued in 1879,—practically 1880,—and now we have before us the sixth edition. For a school of medicine that is dying out this gives fair ensample of the style of obituary notices needed. For it is materia medica and materia medica *alone* which makes us homœopaths ; the other many fine things taught in the colleges fit the student to be a good surgeon, or master of some one or more of the branches of surgery ; but it is materia medica which makes him a homœopath, and places an impassable barrier between himself and the old school. And yet, how few of our modern colleges think of aught but the surgical operations done, and how many of them affect to belittle the work of Hahnemann, Hering, Boenninghausen, Dunham, Farrington, Lippe, of the sainted ones ; and of the Allens, Cowperthwaite, Burt, Lilienthal, Mohr, Kent, Price, Mack, and others of the latter-day Rosicrucians who teach and practice the transmutation of disease to health, with the dynamic effect of drugs.

Cowperthwaite's Materia Medica has been so long before the medical public that to speak in its praise would be an endeavor to improve on the multiplication table, or a painting of the rose. Every practitioner of pure homœopathy knows that it is absolutely safe to put Cowperthwaite's book in the hands of his student or his allopathic Thomas, and be content to let the truths therein found impress the mind of the reader and carry conviction—as they always do. The work has been considerably enlarged ; a number of our recently proved remedies are

added; the general analysis has been elaborated, and a therapeutical note added to each remedy. This latter is a fine product of clear reasoning and logical statement, and presents the remedy in many new aspects. Take, for instance, Arnica, which every doctor knows; turn to the Therapeutics, and mark how many things are there found that are absolutely new to him, not because they are discoveries of the author, but because they have been collected from the uttermost parts of the (medical) earth, and enshrined in a couple of dozen of lines, and in such telling language that it "sticks" to the sides of your memory, and is ready for use. The comparisons with Hypericum, Calendula, Symphytum, Rhus, Baptisia, and other "sore" remedies, are drawn with a master hand. The addition is deserving of much praise. The Clinical Index is also of a superior order, and occupies thirty pages. We again call attention to the pronouncing index, and would suggest that it be adopted in our colleges. It is certainly based on the common pronunciation, and seems to be the only list of *pronounced* remedies in our school. This will give us all a uniformity of pronunciation. The publishers have done their part in the usual excellence of this firm. The book, though larger than formerly, is not unwieldy and requires no "derrick." We are glad to say our "best" good word for Cowperthwaite's *Materia Medica*.

St. Nicholas for August contains Four Sides to a Triangle—a title which is a decided misnomer—but which is at the head of a story concerning the rescue of a cat, that is most charmingly told, because it conveys a palpable moral, and is readable, as the Germans say, by the *reifere Jugend*. Plain Truths About Hunting, is on the plan of the lion telling the hunter's story. But the "Century Cat" caps the climax for its naturalness. We sometimes wish that the old pictorial enigma might again "come in." These of latter days are usually problems in higher mathematics.

Lippincott's for August. Julian Hawthorne's adventure with the resurrected Poe is odd enough to be one of Poe's own stories. Walt Whitman's Birthday is fine. May we also soon, very soon, import the fashion of Germany, of giving the prominent man a reunion or revival or *something*, in commemoration of his works and usefulness; let him be present and feel that it was good to have toiled in the wine press; and not wait to write his virtues in his obituaries. The completed story Daughter's Heart is by Mrs. H. Lovett Cameron.

Century for August is superb. It opens with two finely cut portraits of the Emperor and Empress of Germany. These engravings are marvels of beauty and skill. The Squirrel Inn is becoming pleasantly interesting; and The Faith Doctor doubly so; in fact the latter is taking first rank as a magazine serial; its subject is new, is dangerous, and yet ably handled. The medical references are without flaw; the exposé of the mind cure-ism is skillfully done; while the way in which the efficacy of prayer is handled certainly proclaims the author a master. The American-German race will appreciate the clever fashion in which he weaves in the "already" and the "once-t" in his dialogues. The White Crown is a peculiar sketch; must be read to be understood. The Associated Press article is brimful of news to the newspaper reader. Cheap money is apropos at this time. The Clown and the Missionary is well written, but not so good as other of this charming writer's work.

GLOBULES.

—"A man born of woman is of few years and full of bowel-trouble."

—Dr. Frank Kraft has withdrawn from the Cleveland Homœopathic Hospital College.

—Prof. Chas. Gatchell, M. D., Ann Arbor University, visited Cleveland on August 15.

—In India and other hot climates, it is well known that the free use of water as a drink prevents sunstroke, both with natives and Europeans.

—The man who would increase his powers of work with coffee, cocaine, or any other stimulant, is every bit as stupid as one who would expect to restore his tired horse by means of an extra heavy whip instead of the needed rest.

—The Barstow Stove Co., of Providence, R. I., is issuing a little Postage Stamp Pocket-Book which has already proved itself the sweaty man's hot-day friend. We are in receipt of the lucky penny sent out with the stamp book.

—It is believed that if a scarlet-fever patient be sponged with some strong antiseptic solution, from the beginning to the end of the desquamation, contagion will be prevented. This is very important, if true.—*Chicago Med. Times.*

—For disinfection of instruments, five minutes of continuous boiling is sufficient to kill the most refractive pathogenic organisms, no matter how they may be mixed with pus or blood, or how effectually they may be stuck away in obscure cracks or inequalities.

—Baldness is usually attributed to tight headwear. The *Popular Science Monthly* says that there is a class of people in India, among which baldness is entirely unknown, whose religious belief obliges them to keep their heads tightly covered day and night.

—A foreign exchange says that the cocoa-nut is an excellent remedy for tape worm, and is preferable in the particular that there is no necessity for preparation for it. In six or seven cases it cured every time, removing the worm entire. The patient would drink the liquid and eat the endocarp of an entire nut.

—SOUND "HORSE" SENSE.—Dr. J. A. De Armand of Davenport, Iowa, says: "Just what is expected of marriage is more than I can understand. Of course it stops this baneful habit [masturbation] but the habit is not the worst nor near the worst part of the trouble. There would be as much reason in advising a horse-thief to devote his attention to stealing elephants as in advising a man sexually weak to marry."

—Nervous people should eat fat food. Every irritable and exhausted nerve should, if possible, be coated with fat. Fat is to a tender nerve what an air-cushion is to a tired invalid; it eases jolts wonderfully. With the fat should be combined grain foods and vegetables for strength, and fruits to keep up a healthful and judicious consistency of the blood.—*S. H. Talcott, M. D.*

—President Kinne, of the Institute, and a number of other prominent homœopaths from without the State, will be at the semi-annual meeting of the New York State Homœopathic Medical Society, which will be held in the Iroquois hotel, Buffalo, September 15 and 16. The Erie County Society and citizens of Buffalo will give a dinner to the society, and everything promises an exceptionally good meeting.

DYED WHISKERS.—This will not prove to be a "receipt" for hair dye. In our July editorial we "dropped" a hint about dyed whiskers, and, would you believe it, already a half dozen have written us denying the soft impeachment, but calling attention to some other fellow who was palpably painted up. But by far the funniest part of it is that neither one of this half dozen is the party at whom our Parthian arrow was fired.

—The dilution of a medicine used is altogether secondary in importance to the selection of the medicine. Our experience is that when once the similimum has been found, any dilution will cure, but the higher will act more promptly and more permanently. In rough domestic practice we think the lower attenuations are better than the higher, as requiring less skill in the use of them.—*Homœopathic World*.
Et tu, Brute!

—EARLY SIGNS IN LOCOMOTOR ATAXIA.—An early symptom of ataxia is that the patient cannot walk backward, although in other respects he may still be *au fait*. This is a recent contribution by Weiss, of Vienna. The Perron test, which is simply a modification of the Romberg sign, consists in directing the patient to stand on one leg with closed eyes. A tendency to fall is the indication of beginning spinal trouble.

—In paracentesis thoracis the place for the passage of the needle is between the eighth and ninth ribs in the line of the axilla. In paracentesis abdominis the needle should enter in the middle line, the patient being in a sitting posture and the bladder having been previously emptied. In paracentesis pericardii the patient should be in the recumbent posture and the needle should enter at the fifth interspace in front, due regard being had for the heart and large vessels.—*Prof. Keen in Col. and Clin. Rec.*

—DR. GRIFFITH'S TEN COMMANDMENTS OF ABDOMINAL SURGERY.—
1. The arrest of hæmorrhage. 2. The avoidance of mechanical irritation. 3. The guarding against infection. 4. The proper apposition of the edges of the wound. 5. The provision of necessary drainage. 6. To apply gentle pressure to prevent exudation. 7. To give perfect physiological rest. 8. To secure the best possible position of the parts to promote comfort and healing. 9. To provide for hygienic surroundings. 10. To attend to the patient's general health.

—EFFECTS OF STRYCHNINE ON THE STOMACH.—Dr. Gamper, of St. Petersburg, records his experiments upon four healthy young hospital assistants. He found that strychnine increased the amount of gastric juice secreted, the general acidity, and the quantity of free acid in the secretion. It also hastened absorption from the stomach and strengthened the mechanical movements. Its effect, too, continued for some time after its administration had been stopped. Dr. G. is highly

impressed by the value of strychnine in chronic alcoholism, declaring that it is the most effective of all drugs in such cases.—*London Lancet*.

—One of the greatest difficulties in the way of young practitioners, is in treating chronic conditions. The important principles that underlie their treatment is persistence in the indicated remedies. The danger besetting young practitioners in having so large a list of remedies is, they are not so sure to study their action as thoroughly, and prone to change their treatment when they do not have very marked improvement. Give me a few good remedies, of whose action I am perfectly familiar, and I will treat my patients more successfully than he who has whole shelves full of drugs of whose action he knows but little.—*W. R. Fowler, M. D.*

—INGROWING TOE NAILS.—A forty per cent. solution of potassa is applied warm to the portion of the nail to be removed, says Dr. Puerckhauer. After a few seconds the uppermost layer of the nail will be so soft that it can be scraped off with a piece of sharp edged glass. The next layer is then moistened with the same solution and scraped off. This must be repeated until the remaining portion is as a thin sheet of paper, when it is seized with a pincette and lifted from the underlying soft parts and severed from the other half. The operation does not require more than half an hour's time, is painless and bloodless, while the patient is delivered from his suffering without being disabled even for an hour.—*Pittsburgh Med. Review*.

—HER FALSE TEETH PROVED FALSE TO HER.—A Miss Gorman of New Haven, Conn., while in a faint, swallowed a silver plate with seven teeth attached. [No, wait a moment ; she won't find these under the bed.] The plate lodged half-way from the mouth to the stomach. Dr. Marsh after much difficulty located the obstruction with a silver "sound," but was unable to reach it with any forceps at his command.

Taking a silver sound twelve inches long the doctor curved its point out, inserted it in the œsophagus, and after much delay extracted the teeth.

The laceration of the throat was comparatively light and resulting in hæmorrhage, which was stopped.

The operation was performed by the doctor unaided and no anæsthetic was used. The case is unparalleled in the records.

—DOWLING AND OUR EDITORIAL.—A subscriber throws down his subscription indignantly because of our indecency in ridiculing Dowling. It is possible that some honest, straight-laced doctor, whose medical literature has always been of the blanket-sheet pattern of the daily and monthly journals ten years ago, has found grievous fault with our way of writing, and is really to be admired for his defense of Dowling's reputation. But we take it that the remainder of our readers saw no ridicule, and no effort at burlesque or indecency, in what we said in pity concerning poor Dowling. Certainly none was attempted. His frightful affliction moved us to tears when we first heard of it. Dowling was a great man, with a great body and a great heart. His fall was the greater for the eminence he had reached. It will be many, many years before any man or woman who enjoyed the friendship of Dowling will forget him, or engage in any ridicule concerning him.

OH-DON'T-LOGY.

DON'T let your diphtheria patient rise from a recumbent position until convalescence is well advanced.

DON'T fail to remember that at least one-tenth of the inguinal herniæ occurring in children under five years is in the female.

DON'T, if you are a medical editor without razzle-dazzle proclivities, say "the right man in the right place" more than *once* in succession.

DON'T all rush to disclaim the dyeing of your whiskers. We had no reference to you at all, we solemnly assure you; it was the other fellow we were after.

DON'T say anything more about the Obstetricist and his Obstetricy, until we have a good and valid reason for being ashamed of Obstetrician and Obstetrics.

DON'T load up any more committees on Dudley. He has more work now than he ought to be asked to do. It was the last straw that broke the camel's back, remember.

DON'T be too "learned" in your medical lectures. Life is too short nowadays to spend it in inculcating a theory which in five years will be a back number of the most pronounced type.

DON'T be censor in two rival colleges at the same time: you may be honestly anxious to appear disinterested and "above party"; but your motives will be misconstrued. Resign promptly!

DON'T permit a child under four years old to eat of cabbage, cauliflower, sauerkraut, onions and the like. Of course this recommendation depends a good deal on the doctor and the nationality of his patient.

DON'T overlook the fact that the graduate who starts out in practice with a determination to keep the Tables of the Homœopathic Law will soon find no need for allopathy, however seductively arrayed in purple and fine linen.

DON'T carry all your medical ability in your head. The book doctor writes the best article in the journals, and makes the smoothest speech, but it is the *medical* doctor, he who eats, drinks, sleeps, and thinks medical practice that cures his patient. A little more wear of shoes and less of pantaloons is desirable.

DON'T accuse the editor of indecency when you want a good excuse for dropping your subscription "with a dull thud." Indecency is a broad word. Assume a virtue if you have it not, and give the *real* reason for drawing out of the game. A "baby-act" letter with personal allusions to the editor is not a valid excuse.

DON'T in writing a book on "Obstetricy," fill a half-dozen pages with an enumeration of the dozens of each article required in confinement; a woman who can provide seven dozen "napkins," six dozen small towels, five dozen cotton chemises, four dozen belly-bands, three dozen boxes of cold cream, two dozen rice-flour-powder puffs, and one dozen safety pins, is usually the parturiente who has no baby.

REPERTORY OF THE LUNG SYMPTOMS FOUND IN HERING'S
CONDENSED MATERIA MEDICA.

By EDWARD R. SNADER, M.D.,

Lecturer on Physical Diagnosis at Hahnemann Medical College, Philadelphia, Pa.

(Continued from page 296.)

POSITION.

WHEN SITTING.—Agaricus, Belladonna.
SITTING TOO LONG.—Phosphoric Acid.
SITTING BENT.—Alumina.
GETTING UP.—Calcareo phos.
STOOPING.—Alumina.
STANDING.—Ammonium mur. (only when).
LYING DOWN.—Rumex, Sulphur.
—— AT NIGHT.—Rumex.

SLEEP.

AFTER SLEEP.—Nux mosch., Rumex.
FALLING ASLEEP.—Nux mosch. (at night).
WAKING FROM A SIESTA.—Nux mosch.
AWAKING HER.—Viola odorata.

EATING.

AT DINNER.—Magnesia mur.

RESPIRATION.

DEEP INSPIRATION.—Aloe, Bryonia, Hamamelis, Rumex, Sticta pulm.,
Sulphur.
BREATHING.—Sepia.
COUGHING.—Baryta carb., Phosphoric acid, Sepia, Staphisagria, Sulphur.

MISCELLANEOUS.

TALKING.—Hepar sulph., Phosphoric acid, Staneum, Sulphur.
DURING APYREXIA.—Sabadilla.
IN BED.—Carbo veg.
IN LOWER PART OF CHEST.—Valeriana.
IN RIGHT CHEST.—Sulphur.
LEFT SIDE.—Sepia.

AMELIORATIONS.

WALKING.—Alumina, Phosphoric acid.
—— or straightening up.—Alumina.
LYING DOWN.—Calcareo phos.
LYING ON BACK.—Sanguinaria can.
STRAIGHTENING UP.—Alumina (or walking).
CHANGING POSITION.—Arnica.
TAKING A DEEP BREATH.—Crocus sat., Lachnantes.
PRESSING ON CHEST WITH HAND.—Sepia.

CLINICAL SYMPTOMS.

ACONITE.—Pleurisy.

ANTIMONIUM TART.—Œdema of lungs. Broncho-pneumonia.

APIS MEL.—Hydrothorax. After pleurisy.

ARNICA MONT.—Hæmorrhage after mechanical injuries. Pleurisy after mechanical injuries ; must continually change position, bed feels so hard. Pneumothorax, from external injuries.

ARSENICUM ALB.—Catarrh on the chest, great suffocation ; child tosses about in agony. Gangrene of the lungs, with green ichorous sputum.

BENZOIC ACID.—Pneumonia, asthenic forms, great weakness, difficult breathing, increasing every hour.

BROMIUM.—Effects begin in bronchi and ascend to larynx. Phthisis. Hepatization of lower lobes in pneumonia. Right lung most affected.

CACTUS GRAND.—Bronchitis, with palpitation of the heart ; bronchial catarrh, from over action of the heart. Congestion to the chest, which prevents lying down ; palpitation ; constriction of the chest.

CALCAREA OST.—Abscesses forming in lungs.

CAMPHORA.—Influenza, when during the stage of invasion the patient feels cold and chilly, body and mind seems in a depressed condition. Congestion of the chest.

CANTHARIS.—Exudation within the pleura.

CARBO ANIMALIS.—Pneumonia right lung, suppuration beginning ; green sputum. Pleurisy, lingering ; skin livid, emaciation, hectic ; or typhoid symptoms.

CARBO VEGETABILIS.—Bronchial catarrh ; hoarse, mucous râles ; chest and ribs feel as if bruised. Congestion to chest and head.

CAULOPHYLLUM.—Spasmodic, intermittent pains in the chest, with amenia.

CINCHONA.—Great debility, anæmia ; œdema of legs. Pneumonia after hæmorrhages, bleeding, or with bilious symptoms ; or incipient gangrene. Phthisis of drunkards, suppuration of lungs. Hæmoptysis, with subsequent suppuration of lungs ; stitches in chest, worse from slight touch.

CLEMATIS ERECTA.—Left side of the chest seems most affected.

COCCULUS IND.—Audible rumbling in the left side of the chest, as if from an emptiness, especially noticeable when walking.

COLCHICUM AUT.—Spitting blood, after injuries.

DIGITALIS.—Peculiar, seemingly rheumatic pains and catarrhal affections of the lungs, with serous exudation. Passive congestion of the lungs, depending on a weakened, dilated heart. Emphysema, in complication with heart disease ; feels better while lying perfectly quiet in a horizontal position.

DULCAMARA.—Bronchitis ; offensive smelling night sweats. Tuberculosis in scrofulous subjects ; also worse in changes from warm to cold ; sputa tough, green ; cough moderate ; stitches here and there in chest ; diarrhœa. Phthisis mucosa. Rheumatic pleuritis and pleura-pneumonia, with tough, difficult, discolored sputa. Hydrothorax, worse wet weather. Mucus on the chest, must cough long before raising it ; suffocative catarrh.

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No. 10.

FRANK KRAFT, M.D., EDITOR.

A RECENT number of one of our esteemed homœopathic exchanges presents its readers with two lectures on homœopathic remedies by two eminent professors of the subject, and both incumbents of chairs in institutions fostered under State patronage. Both papers are finely prepared, and each will promptly appeal to his especial circle of readers and friends, and be cited by these as evidence of superiority of homœopathic knowledge over the other professor contributor. A reading of these papers convinces us that the old Dutch justice was right when he declared officially that both sides were right—and his wife in the bargain. Both professors are right, and yet why the marked difference in the presentations of a *materia medica* subject? There is no criticism uttered or implied that the lecture on *Kali chlor.* is not the product of a scholar, expressed in the language of a scholar; or that the other, on *Natrum phos.*, is deficient in that which goes to make up an interesting address to a class of medical students; but the first assumes that the average medical student is possessed of a degree of classical knowledge which the logic of every day life does not, we believe, warrant; while the second appeals directly to the practical bread-and-butter facet of the diamond of Life.

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POSSIBLY the State institution prepares the majority of its medical class, and, therefore, a lecture of this fine quality is quickly absorbed and assimilated. Let us hope that this is true; it will be a large step in advance of the remaining baker's dozen of colleges; it is a consummation devoutly to be wished. But, unfortunately, neither school of medicine has as yet, elsewhere than in the university town, reached the heights in general education which the scholarly output hinted at assumes. And we, further, adventure the assertion that ninety per cent. of the homœopathic profession of to-day, if obliged to prescribe and defend the use of the remedy *Kali chlor.* from listening to its recital, as published, would continue in Cimmerian darkness forever after.

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THIS lands us where we attempted to board at the start, on the subject of being "too learned." That this is no fault, but the rather a most praiseworthy virtue, we gladly admit, and are prepared to maintain within reasonable limits. It has its drawbacks, to be sure, and drawbacks of a kind that make them prominent and palpable. If there

obtained in this country the thoroughness in educational matters of foreign countries, notably that of Germany, then a "learned" lecture to a medical class would be a natural sequitur, a something expected, and its absence marked and commented upon. This also holds good when applied to the highly cultured inhabitants of Massachusetts, New York, and one or two other centers of advanced education. Still, the melancholy fact is susceptible of demonstration, and that, too, without going into the mysteries of higher mathematics for figures, that the fine grained book-trained mind is not always the avant courier of ideas; that more often it is pedagogic in trend, narrow, wedded to tradition, and inseparable from precedent, page, paragraph, and line. While the wealth of America—fiduciary as well as intellectual; and, for that matter, of England, France, Germany, Italy—in truth, all progressive nations—but mainly in America—is due to the primitive vigor born in poverty, reared in affliction, matured in sorrow, yet ripened into grandeur and power. Our own experience, and in lessons culled from daily contact with the masses, tempts us to say that the average medico, alike to the average law student, and possibly also the average theologian, is constructed on the latter basis, and that a lecture "fired" over their heads, in the hope that the class will make an indecent scramble as soon as the lecture is done, mount the tree of learning, and fetch it down to their own level is vain. The class, even if so disposed, have rarely time to go back to the Pierian spring at which the "learned" professor quaffed his "learned" draught. The result is not difficult to foretell. The notes taken by that class are of the most primitive character; the professor's hour is dreaded; and the applause which greets his departure by far outweighs that which welcomed him in that it is the more enthusiastic and genuine. Nothing in his lecture, indeed, became him so well as the taking leave thereof.

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PER CONTRA, we turn to the pleasant pages of Farrington, as preserved to us by his faithful Boswell, and we rise from the perusal with a degree of grateful satiety, because we have found that in his pages for which our medical soul cried out aloud. Cowperthwaite possesses in large part the same charm in his writing, but his felicity of language is never so apparent and so much appreciated as when he reverses the "scientific," the "too learned" engine in the Institute or State societies, after the metaphysical, microscopical, microbical mechanics have switched "her" off the main track—Homœopathy. The lectures of Kent, the one-time Hering of the West, are replete with that living magnetism which attracts and holds the class and makes the lectures sought for even by the *N.Y. Medical Times*. Is it needful to refer to Dunham's lectures, whose beauty and sweetness have not been lost by transference into cold type, and whose loving sympathy and untarnished splendor beam at the reader from every page? Or to the work of the Allens—*par nobile fratrum*—engaged in the same Field; or to Mohr, and to not over a half dozen others? These are homœopathic. Their labor is to teach homœopathy, not the erudition of the other school; not the needless array of authorities and precedent, but simply and only that little first paragraph of the Organon. Now how many can repeat it, without first looking for the book, blowing the dust off the edge, and turning over the pages?

THE adjuvants of present-day civilization have shortened life, and therefore quickened the race, and in every other art or profession the purely theoretical is relegated to limbo, not to inferno, to be sure, and the practical, labor-saving, precedent-destroying, time-saving appliances are substituted. In no profession is this more noticeable of late than in that of the sacred desk. The pewholder and church builder, the parson-paying Christian, wants practical talks, "sermons in shoes," and precious few doctrinal, creed-upholding, Fifteenth Century disquisitions. Heresy trials have become almost epidemic; but, mark you, the accusation of heresy invariably emanates from the theological seminary—never from the people. So, too, we may justly argue that life is too short, the competition too fierce, and the reward too meager, to deluge a practical and not necessarily classically prepared mind with all the laws and precedents, living or extinct, in order to prepare it to receive a dozen lines of acknowledged practical utility. Even the most fertile acre may be over-tilled and become hopelessly sterile.

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KALI CHLOR. is not an everyday homœopathic remedy, which, being interpreted, meaneth that it in no sensible degree compares in frequency of exhibition with Sulphur, Bryonia, Phosphorus, Mercury, and the possibly fifty other daily, nay hourly, applicable remedies. What, then, must be the mnemonic burden bound upon that student who essays during the session to receive, absorb, and assimilate the many other lectures of remedies whose known list of symptoms is as Sulphur or Bryonia or Rhus tox. or Phosphorus to Kali chloricum as thirty to one? Does the reader now appreciate where there might arise the cry of One in the Wilderness (of materia medica) wailing aloud that materia medica is such a stupendous, ungraspable, non-assimilable task that no human mind can either understand or catch its meaning. Therefore: Cut down the materia medica! Boil down the dross! Give us only the refined gold! Aye, verily, so soundeth the plaint. We heard its moan at Atlantic City above that of the ocean. But who is competent to apply the sickle? Who will be the alchemist and 'tend the crucible while the transmutation of metals boileth apace?

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IS not this in part the duty of the college? If a little less time and ink were given to the heralding of the surgical operations done, and a few more hours devoted to homœopathy, there might not be so many lop-sided surgeons graduated, but there would be a few more doctors who would be content to just simply cure people without cutting or sawing or gouging or sewing them up. Materia medica should be taught, in homœopathic colleges, from a homœopathic standpoint solely. It does not interest the practitioner, nor the ten-lectures-a-day student, what all the old-school authorities, from Æsculapius to Ziemssen, may have thought, said, taught, or done; what he needs is a ready, comprehensive, "quick copy" knowledge of the curative range of the remedies he carries to the bedside with him, whether their number be ten or sixty. If, in the quiet watches of the night, with naught but God and the stars above him, his metaphysical soul hungereth for the why and the wherefore of the homœopathic remedy, he may pleasure

himself to his soul's content. There is undoubtedly a use for the historical narrative of each drug, and it ought also to be taught ; but we contend that it has no proper place, and certainly no permanent abiding place, in a lecture on homœopathic materia medica. If the element of weary recitals from the medical past is omitted from the lectures, and personal magnetism infused into the lines, it will not be many years before a homœopathic practitioner will be ashamed to say, "Oh, yes, I know I ought to know more about materia medica, but the fact is we had twelve surgeons and only one materia medica man at our college, and he wasn't much of a man at that ; and then materia medica is such a monotonous grind that we could hardly keep awake. So we just crammed on Hering's cards, and some of Hoyne's, and got through on our surgery."



THE college announcements begin to fall upon our editorial desk not quite so plentifully as the leaves of Valambrosa, but still sufficiently thick to keep us in mind of the season. The pages are radiant with pictures and architectural plans; records of vast things done, and others to come; recitals of the thousands of operations, surgical and gynæcological, done during the twelve months just past; all the old chest-nuts are reroasted about the center of a vast clinical field, paradise of cheap boarding-houses, personal fingering of gynæcological and obstetrical cases, holding the towels or absorbent cotton in surgical cases—all the old stock in trade is trundled to the front and warranted free of moths or last year's fly-specks ; but what has become of HOMŒOPATHY? Why don't the colleges doff their bonnets and admit that they solicit students because they are homœopathic and will agree to teach homœopathy? The nearest to this standard comes the latest child in the college family, The Southern Homœopathic Medical College (Baltimore). This announcement gives the better part of one whole page to the style of literature which the student should read preliminary to matriculation,—and the list given includes a list of homœopathic gems,—while other parts of the pamphlet show that the homœopathic idea dominates, though it does not lead. Is the New York *Medical Times's* ideal to be realized after all—a Go-As-You-Pleasem edical college, in which all the 'pathies shall be taught as separate chairs, like chemistry, physiology, etc. Wake up, you homœopathic colleges! Shame on you for your cowardice! If you don't believe enough in homœopathy to put it into your announcement as well as your title, "haul down the flaunting lie!"

THE OPEN COURT.

—SNEEZING TO DEATH.—A young lady living at South Charleston, O., has been seized with a strange nervous affection which latterly took the form of hay fever, but is the lingering effect of la grippe. On Tuesday, the 20th of July, she was seized with severe paroxysms, which followed each other at rapid intervals. Suddenly the paroxysms stopped, leaving her very exhausted. The girl then went into a trance that lasted twelve hours.

The terrified attendants thought the girl was dead. Dr. R. E. Ramsey treated her with hypodermic injections. She finally awoke languidly, and in a few minutes the sneezing again came on. The physicians have been utterly unable to check it. The girl neither eats nor sleeps and seems to suffer terribly.

—TOMATOES FOR YOUNG CHILDREN.—A writer in *Babyhood* decries the use of the tomato unless stewed, when it may be given after four years, and possibly earlier, because otherwise it requires condiments inadmissible for children. This is assuming that every one eats tomato with vinegar and pepper. But we know of many persons who never use anything with a raw tomato but powdered sugar. Surely this is not a bad combination. The writer also recommends that even an elder person should not eat tomato at the same meal when milk is used. Has this not reference also to the vinegar, salt, pepper, and other condiments? Long use of milk and tomato have made many persons incredulous of any harm to come.

—CARRYING WATER ON BOTH SHOULDERS.—It is matter of some surprise on looking over the new announcements of the rival Cleveland colleges, to find the names of four doctors on the Board of Censors of *both* colleges. Surely the ambition for a little printed publicity must be temptingly seductive when such double use of one's name is permitted.

—POSITIVE MEDICATION.—A reading of some "Green Notes from the General Field," in the *Southern Journal*, conveys the impression that this doctor has unmistakably reached that degree of positivism in medical and surgical diagnosis which forever bars out error and its consequent failure. The description of the "field" very frequently reduces the reader to the extremity of horror for fear the case cited in all its sanguinary detail may not get well. But after reading two or three of the cases, one's horror is no longer called into sympathetic requisition, seeing that the characters are invariably always married in the last chapter, with the usual accessories of slow curtain and red fire. The most astonishing feat performed is the manner in which the fundus of the womb is grasped with the left hand and crowded down into the uterine cavity to the degree almost of procidentia, and then the right hand gets in its work. This was done several times in this "field." So also there is a phenomenal facility for prescribing for a Pulsatilla headache, a Natrum mur. case, and also a Calcarea case. The symptoms given are clear-cut, and plainly call for the homœopathic remedy; so the injection of a one-half grain to the ounce of sulphate of zinc in gonorrhœa is also homœopathic. The entire narrative glides along smoothly; there is no break, no stumble, no failure; this is a

master in homœopathics. And yet we once thought that people went to Little Rock and vicinity mainly for "rheumatism."

—OBSTETRICAL CUSTOMS IN ITALY.—Among the lower classes of women in Italy, says Dr. Tullis S. Verdi, it is customary to raise a chicken for the mother, and save money for the doctor's fee. A most philosophical plan ! Nine months will make a good chicken, that will yield rich broth for a parturient. The doctor's fee is quite as necessary for him. In this country, a great deal of unnecessary flummery is gotten up for the child, very often forgetting the chicken and the physician's need.

SABUL SERRULATA.

By WILL S. MULLINS, M. D.

THERE has come to us homœopaths within the last few years a remedy, the need and lack of which has left many a suffering man, and many a girl or woman, feeling "quite blue." The man because his prostate gland was too large, the girl or woman because her mammary glands were too small. The tincture of saw palmetto berries certainly fills a "long felt want."

Eighteen months ago, I commenced a series of clinical experimentation with the tincture of the berries, and with no specific indications or characteristic symptoms except the following broad pharmaceutical one : "It has special action upon the glands of the reproductive organs, tending to increase their activity, to promote their secreting power, and add greatly to their size." Instantly the thought flashed through my mind of the great number of enlarged prostates in our city, of the greater number of women yearning and wishing and praying for larger breasts. I also knew that the ones with the enlarged prostate, the ones with small mammary glands, would gladly avail themselves of anything to decrease the one and add a charm of increased size and beauty, of velvety, downy softness to the others.

The first time in my life, and for purely scientific research, I went fishing for patients.

I found all I wanted, and the results obtained enable me to say, I am glad God brought into life and growth saw palmetto berries ; yea, more, many men and several women are gladder still.

An old man, aged seventy-eight years, says that for last twenty years has had an enlarged prostate : despite all old and new school medication, that gland grew and flourished until his urine—from the glandular encroachment—had to be drawn with a catheter twice per day. Throbbing and pain in the prostatic gland extended to the testicles. Examination found the prostate as large as a small egg.

R. Tinct. of Saw Palmetto..... $\frac{3}{4}$ ss.
 Aquæ destillata..... $\frac{3}{4}$ iv.
 M. Sig. One teaspoonful every two hours.

Within three days could pass some water night and morning, but failed to completely empty bladder.

Same prescription continued ten days, after which, with some straining, could do away with the catheter. Pain and throbbing in perineal region lessened. The prostate decidedly decreased.

Thirty days from time began remedy, micturition three times per diem, slight straining. Examination revealed the gland reduced one-third. Took the remedy in much smaller doses for three months: prostate reduced over one-half.

Y., aged thirty-four, came to me from an old-school M. D., after eighteen months of heroic treatment, mingled at times with damnable torture, having through their wise (?) and scientific (?) course of treatment already parted with one testicle.

Symptoms: Constant throbbing pain and tenderness in prostate gland, dull aching; at times, sharp cutting pains, extending to the right and only testicle. Epididymitis orchitis.

Pain on micturition, passes prostatic juice at every stool and when making water. Mucous at times, also a yellowish watery discharge from urethra; pulse, 96; temperature, 102.

Treatment as follows: Strapping the scrotum. Internally, Aconite and clematis. Called next day and found pulse 80, temperature 100. Prescribed Puls. 30 and Clematis 6. Examination revealed enlarged prostate as a source of all his trouble. Was able to come to the office the next day. Prescribed the palmetto tincture, ten drops every two hours. After three weeks' use there was a decrease in the size of gland over one-half. Has now been under the same medication two months and a half. Neither mucous nor prostatic juice passes. Has gained twenty pounds in weight. Gland as near normal as is generally found in men who have been married a dozen or more years. Now taking saw palmetto, five drops, twice per diem.

Mr. Y., aged fifty-three, complains of some throbbing and tenderness in the region of the prostate gland; sexual weakness, erections too weak, and very little thrill.

Prescribed *Sabul serrulata* tincture, one dram in three ounces of water; M. Sig. two teaspoonfuls four times per day. After three weeks medication, reported himself well.

Miss N., well-formed, consults me as to some way to enlarge her breasts. Prescribed saw palmetto tincture, five drops four times per day. Has now been under medication three months, with an apparent and satisfactory, yet slow increase in size of mammary glands.

Dr. P. Thompson, of this city, president of our State Board of Health,

at my suggestion prescribed saw palmetto for an old man of fifty-three with an enlarged prostate, and weakened sexual vitality. Not being a homœopathist, he gave it in dram doses, four times per day.

Reports decided increase in glandular enlargement, and renewed sexual activity.

He also tells me he has been giving it to an old lady over sixty years of age, who has suffered for years with a bronchial cough, and with a decided improvement in her condition.

Have treated several other cases of prostatic troubles with just as satisfactory results.

Now, one must certainly conclude that in the *Sabul serrulata* we have a grand and precious remedy, specifically affecting the organs of generation in male and female.

Its indications, gathered from a clinical standpoint, are, in the male, enlarged prostate with throbbing, aching, dull pains; discharge of prostate juice; at times, discharge of mucus; also a yellowish, watery fluid, weakened sexual power, loss of thrill, orchialgia, and epididymitis orchitis, when associated with an enlarged prostate.

In women, weakened sexual activity, ovarian enlargement, with tenderness and dull, aching pains; small, undeveloped mammary glands.

Also indicated in chronic bronchitis, with a wheezing, hard cough, worse on lying down and until 6 A. M.; worse in damp, cool, cloudy weather.

I trust these clinical facts will cause a further investigation of this precious remedy, which has already proved in my hands to be fraught with certain specific powers. It will certainly add more richness to what is already, to every true homœopath, our precious *materia medica*.

HENDERSON, KY., July 27, 1891.

SANITATION ON THE FARMS.

M. B. HINSDALE, M. D.

SANITATION, so far as its elements are being determined and its principles classified, is becoming a science. There are known facts sufficient, regarding the conservation and restoration of health, the etiological elements of disease, and the purification of man's physical environments to lay for it a substantial scientific foundation. Among the professional men of the day are sanitarians, sanitary engineers, sanitary plumbers, etc., men whose study and business it is to investigate and apply the principles of hygiene, so that the physical well-being of the community may be made the more secure.

Of such importance does the public at large consider this subject that it is made the theme of voluminous and important legislation.

The State and municipality say to us—there are things we must do, and things we must not do, that our neighbors may be the better protected from the attack or spreading of disease.

The laws of Ohio provide for the appointment of boards of health in incorporated villages and cities; and such municipalities may appoint health officers and sanitary police—professional smellers, so to speak—whose duties are to see that the statutory laws of health are not violated, or, if violated, to act as detectives in bringing the violators to punishment.

Among the various appointments that may be made by health boards, there may be selected such number of inspectors of milk and meat, and as many market-masters and such other persons as may be necessary to carry out the provisions of such rules and ordinances as the boards may cause to be enacted. They may require, in the territory under their jurisdiction, that registers be kept for public inspection, giving general information in regard to dealers in milk, butter, meat, etc., and the supposed sources of their supply. It is, no doubt, fair to suppose that all inspectors and masters are busy in the honest performance of their duties; that, so far as possible, they are fulfilling the expectations and requirements of the people in whose behalf they are supposed to act.

Market-masters and milk and meat inspectors are, no doubt, able to prevent large quantities of unwholesome and improper food from being imposed upon buyers and unsuspecting consumers. The health laws of the State are perhaps reasonably complete and effective, so far as they may reach, but nearly all that part of the population who are producers of the various articles of diet, whose products are supposed to be inspected when they come to the town market, are practically without protection or surveillance. The agricultural class of people, those who furnish the milk products, eggs, poultry, meats, vegetables, and in fact nearly all the foods, except the products of the seas, know little or nothing of sanitation, and in many instances are so unscrupulous as to send to market articles that they know to be unfit for food; yet the unwholesomeness of such articles may be of such a nature that no expert inspector, although he be a skillful chemist, can detect it. An inspection of milk that stops short of the farm and stable, that does not superintend the cleaning of utensils and follow it to the consumer's door is, from the nature of the case, incomplete and unreliable.

The same remark is eminently applicable to butter and the various other articles of food made from milk. It is known to all persons, having only a superficial knowledge of physiology, that the foods, drink, air, and bodily surroundings of animals have marked effects upon their secretions, excretions, and even their flesh, blood, and bones. Suppose a cow to be fed upon moldy fodder, musty grain, sour slops,

stabled in an unventilated stable, lying down to her night's rest and her daily rumination in her own excrement, watered at a pool or well, the water of which is polluted with the drainage from the barn-yard, and milked by a person with filthy or perhaps diseased hands ; can the milk inspector or even the chemist detect in all instances the effluvia of a dirty stable or the germ of an eczema, or syphilis, in a drop of milk ? The common hog is usually selected as the emblem of filth, and by many regarded as the standard-bearer of scrofula ; yet, however much of opprobrium he may have to bear, as being the personification of struma, or the largest disease germ known to science—pork must continue to be a staple food for our people. It can be produced cheaper than any other meat, and people are going to eat it. A dearth of potatoes causes famine in Ireland ; a dearth of hog-products causes famine everywhere. A slice of well-dressed ham will find a consumer at any table. We will assume that a cleanly-kept, well-fed animal of the variety under consideration, when properly killed and the flesh rightly prepared, is reasonably wholesome in moderate quantities. But suppose one comes before your city inspector that has all the appearances of having been such a specimen, for when prepared for market pigs appear to have been all very much alike ; but this one, like all the rest, had a history which the inspector nor the chemist cannot read. Even when eaten the flesh has no unpleasant flavor. That pig may have been confined, and probably was, in a pen foul with filth, fattened upon offal and refuse from some questionable source, never had a drink of pure water in his life, his lungs never inflated with a breath of pure air, his bed-fellows were lice, fleas, and rats ; his companions in like distress as himself. Poor fellow—to have been compelled to live such a life ; but, how fortunate, at last to have been released from his sufferings by some kind butcher. Poor fellow—too, that eats his flesh, to unconsciously absorb his accumulated and concentrated misery, to reappear in tapeworm, trichinæ, and other parasites, struma, tumors, dyspepsia, and all the ills that are transmitted to man through this necessary yet too often deadly pachyderm.

The flesh and milk of animals and the eggs of fowls are often tainted so that the nature of their food may be detected by the taste, smell, or color. Cows, pasturing where leeks, ragweeds, and other plants grow, of marked or peculiar taste or smell, often impart decidedly unpleasant flavors to their milk. Flesh of wild duck that feed upon the Chesapeake in autumn is prized for the savory flavor that is imparted to it by the wild celery upon which the birds feed in those waters. The flesh of the cock-of-the-plains, frequenting the so-called sage-plains of the Southwest, is unfit for food when the birds are feeding upon the buds of the wild artemisia. We know of a flock of common fowls that were confined in a yard where spearmint was growing. The hens ate the

mint, and a decidedly minty flavor was perceptible in the eggs after having been cooked. Poultry and eggs form an important part of our food. Fowls are usually sheltered in quarters only equaled in filth by the common pig-sty. They are the greatest of scavengers, feeding, when left to forage for themselves, upon foods of the most questionable character. The flesh and eggs of all our domestic fowls are palatable and wholesome, when the sanitary conditions under which the fowls are kept are proper, but too often, even if fresh, are unfit to be consumed as food. Freshness is not all that makes milk, butter, meat, and eggs wholesome. Some of the unhealthy properties of animal foods, as has been indicated, are their own detectives, owing to pronounced appeals they make to the senses ; but in many more instances, in which there are no such peculiarities, foods are consumed bearing with them the undetected germs of disease. Foods prepared from domestic animals that are allowed to live in unsanitary conditions, although agreeable to sight, smell, and taste, are liable to convey into the body that consumes them elements that the digestive and absorbent system may elaborate, destructive to its own economy. The only efficient method for determining whether our foods are suitably prepared is to inspect them, while they are yet proximate principles, in the pasture, the hay-stack, the granary, the corn-crib, the manger, the watering trough, the hen roost, the slaughter house, the milking stable, the butter cellar, and then to follow them with an escort of sanitary police to the dining table.

It is said by eminent authority that twenty-five per cent. of all the Jersey and all other in-bred cattle are tubercular. No system of safeguards that may be thrown around the food supply of the masses, aside from those that may be purely vegetable, can, from the nature of the case, make pretensions to completeness that does not extend to the utmost borders of the entire field.

The point that this paper is endeavoring to emphasize and make clear is, that our sanitary laws and institutions are incomplete and stop short of what the welfare of the people will demand. Time does not permit us to dwell upon the prevention and spreading of contagious diseases in rural districts, the sanitary construction of farm-houses, the disposition of filth and dead animals, the drainage of cellars and farm-yards, the construction of wells and cisterns, the location of graveyards and the voluminous category of themes that suggest themselves upon this line. Many of these subjects may appear trivial and, under certain circumstances, they may be so, but we are not the last generation upon the earth—those are coming after us to whom we owe the courtesy of leaving a clean world. We would not ignore the fact that we have a State board of health and a commissioner of food and dairy products. Credit is due the former that they have done good and have been

reasonably active and efficient so far as they may have had time and power to act. However, if it is desirable to have health boards in towns and cities who may co-operate with the State board, as well as act independently—why is it not expedient to have district boards, say for townships or counties? If a village require a health officer to remove a dead horse from the street, or placard a house containing a case of contagious disease, why does not the country road-side or the farmhouse in a measure need the same? If a pest house need be maintained for one class of population why not for another? If it need a market-master to condemn unwholesome meat, why not have a master to prevent its being killed? If it require a milk inspector to prevent impure milk from being sold, why not prevent it from being produced?

We regret that we are not able to compliment the office of food and dairy commissioner, but politics, like the slime that sometimes oozes into our wells, has made the office very unsanitary—and, until some suitable disinfectant be used, it will practically remain a dead letter. We would not criticize our present health laws, so far as they extend, unless it be to change the potential language to the imperative, Boards *may* do many things. The statute should be mandatory and say **SHALL**. While our sanitary system may be working well, so far as it extends, the interests of the entire people, directly or indirectly, require that the service be extended and its powers be made more far-reaching.

WADSWORTH, O.

MATERIALS FOR THE RIGHT SEQUENCE OF HOMŒOPATHIC REMEDIES.

By DR. LOREBACHER.

(Translated by Dr. S. Lilienthal.)

FAILURES in the application of homœopathic remedies often arise from the non-observance of a right sequence. Many cases recorded show that the prescriber had not the least idea of the antidotal relation of the drugs. No wonder that he feels disappointed; constant change of remedies follows, and finally he accuses the materia medica of insufficiency. Granvogl taught in his text-book a law according to which health is only possible where the different organs or systems remain in their actions inside of their limits, and there the balance is kept up, and by proportional oscillations small disturbances are rectified. When the organism finds it impossible to restore the disturbed balance, art must come to the aid of nature, and according to *similia similibus curantur*, this can only be done by means which in the healthy body cause not only similar initial symptoms of a local nature, but also the consequent manifestations in a similar series. Just

as a single cause suffices to produce the manifestations of a natural disease, so also the similia ought to be able to remove them, and we see this often enough in acute and chronic affections, if one only gives the remedy time to exhaust its action. But in many cases one finds that a remedy carries the patient to a certain point, and then some symptoms remain for which it is not the similia, and it is of the utmost importance to make no mistake in its choice. One ought to be sure that the new remedy obeys the same direction, so that there may be a continuity between them ; so that the second only continues the action of the first, and not act inimically, as an antidote, chemically or dynamically : chemical and botanical relationship on one side, or dynamical, shown only by provings. Natural relationship we meet only in the remedies from the animal and vegetable kingdom belonging to the same family or class (Ophidia, Strychnine), and from the mineral kingdom when composed of similar chemical parts (salts of potash or of soda), while the dynamic relationship is independent of them. We must still mention complementary relationship. The symptoms of the drug hardly ever cover fully the totality of the symptoms of the disease, or we must look for one which fills out this hiatus and this finishes the cure. We see this especially in chronic diseases. Thus Farrington mentions in his clinical materia medica : *Lycopodium* after *Lachesis*, complementary in threatening cerebral paralysis ; *Natrum mur.* complementary to *Sepia* ; *Silicea* complements *Thuja* in nervous symptoms and affections after vaccination ; *Bryonia* supplements *Alumina* ; *Apis*, *Natr. mur.* ; *Baryta carb.*, *Antimon. tart.*, especially in affections of old people.

The so-called alternating action of drugs must also be considered. We observe diseases, whose symptoms often change, often offer opposite manifestations. Our materia medica also offers drugs which show a similar picture in provings on the healthy, as diarrhœa and constipation, good humor and ill humor, etc. In cases where our materia medica offers no such remedy, we have to choose one, which, notwithstanding the similarity, also shows opposite symptoms in its complex, without being an antidote to the first one. Thus *Sepia* may follow *Sulphur*. The antidotal relationships of drugs may also be considered chemically and dynamically. The former takes place by poisonous doses, while the latter shows itself by refined, specific symptoms, appearing after our small doses, or showing themselves after removal of the poisonous manifestations. The too strong action of a drug must be diminished or prevented in order to get at the specific symptoms ; the picture of the disease is thus restored, and it will be an easy matter then to select the suitable drug. Some drugs exclude one another. Thus *Rhus.* after *Apis* ; *Phosphor.* after *Caustimon*, *Silicea* after *Mercur.*, will rather injure the treatment. A few practical examples may illustrate our meaning. We know that very often *Aconite* is our standby in

the initial stage of a disease, but hardly ever suffices for a cure, and we must look for one which covers the remaining symptoms, as Bell., Bry., Arn., Ars., Conn., Ipec., Merc., Nux vom., Phosph., Spong., Sulf., Tart. emet. But as the remaining symptoms are clear cut, the choice is not difficult. For example, a child was exposed to a cold dry wind, and is taken down with fever in the evening, pulse 130, temp. 104-5°; is restless and sleepless. Aconite moderates the fever, but about midnight a dry, hoarse cough, with dyspnoea, sets in, showing a threatening croup, for which Spong., Iod., finally Brom. or Hepar may be indicated. We see the same in pleurisy, pneumonia, and other inflammatory affections. In pleurisy one often needs, after Bryonia, according to the symptoms, Apis., Arn., Sulph., and finally Hepar or Sepia.

For chronic cases Sulphur stands at the head of our antipsorics. Kreussler considers supplementary to Sulphur—Acon., Bell., Calc. carb., Cuprum, Merc., Nitr. ac., Nux.vom., Puls., Rhus, Sep., Sil. Sulphur has nearly symptoms of all these drugs; but it only will hardly eradicate the Prove. In dry herpes Sepia follows Sulphur; in chronic obstruction, Nux vom. Sulphur and Aconite are antidotes, for the former removes troubles caused by the abuse of Aconite, and in febrile or inflammatory states Aconite leads the way to Sulphur. Bell. may be often followed by Bry. or Apis. Belladonna acts well enough during the inflammatory states of serous membranes, but it is unable to cope with the exudations. In cutaneous affections Belladonna is indicated as long as the inflammation is limited to the epidermis, as erythema or erysipelas, but when it goes deeper, and exudation takes place in the subcutaneous cellular tissue, Apis is indicated, while Rhus may follow Belladonna in vesicular erysipelas and herpes zoster. Apis and Rhus exclude one another. These remedies, which stand in close relationship, are Calc., Sil., and Lycopodium; scrofulosis of glands and bones; and experience shows that thus they follow one another well, only we must give full time to finish its own action, and patience is a blessed thing. Goullon saw cured many a case of caries with Silicea and Lycopodium 30th.

CONGENITAL DISEASES.*

By M. MAY HOWELLS, M. D.

FROM a journal of last year we clip the following report from nine cities, viz., New York, Baltimore, Boston, San Francisco, Cincinnati, St. Louis, Newark, Hartford, and Minneapolis:

In the year ending October 1, 1889, the combined statistics of these

* Homœopath Medical Society of Ohio, 1891.

cities give a death total of 22,092 infants under one year, and of 12,883 children between the ages of one and five. The sum of these figures gives 34,975 so-called infants who have died within one year.

The diseases which have induced these fatal results are as follows :

Diphtheria.....	2653
Membranous Croup.....	974
Scarlet Fever.....	1257
Measles.....	752
Whooping Cough.....	1004
Bronchitis.....	2380
Pneumonia.....	2974
Pleurisy.....	7
Cholera Infantum and Diarrhœa.....	5214
Gastro-entero-colitis.....	2510
Marasmus, etc.....	2998
Convulsions.....	1929
Meningitis.....	1685
Cerebral Congestion.....	736
Phthisis.....	300
Tubercular Meningitis.....	113
General Tuberculosis.....	26
Tabes Mesenterica.....	56
Hydrocephalus.....	274
Syphilis.....	81
Congenital Malformations, etc.....	772
Miscellaneous Causes.....	6280

Total.....34,975

The tabulator says the small number of infant deaths charged up to syphilis would excite surprise were it not for the well recognized fact that physicians habitually save the feelings of their patients' families by concealing the nature of this disease, as a death-cause, under the guise of some local disturbance incident thereto. It is a misfortune to the public that a cause so unquestionably potent, and so frequently occurrent, should be thus obscurely hidden.

For convenience of criticism we find the above list divided into the following groups of diseases :

1. Contagious Diseases, including diphtheria, membranous croup, scarlet fever, measles, and whooping cough. Total.... 6640
2. Respiratory Diseases, including bronchitis, pneumonia, and pleurisy. Total..... 5361
3. Tubercular Diseases, including phthisis, tuberculosis, tubercular meningitis, tabes mesenterica, and hydrocephalus. Total..... 769

4. Congenital Diseases, etc., including syphilis, malformations, etc., still-births, and other miscellaneous causes. Total 7133
5. Nutritional Diseases, including cholera infantum, diarrhœa, gastro-entero-colitis, and marasmus. Total..... 10,722
6. Nervous Diseases, including convulsions, meningitis, and cerebral congestion. Total..... 4350

This classification gives one-fifth of their deaths as caused by congenital diseases.

This, at a glance, one will see is a very incorrect estimate, since many diseases here placed in other groups are for the larger part hereditary in their origin; especially is this true of tubercular, nutritional, and nervous disorders. The per cent. of syphilis is placed too low, not only for the reason mentioned by the compiler, but because, here also, many diseases, clearly of a syphilitic origin, are recorded in other groups. In short, a very careful and thoughtful review of the table will bring congenital diseases up to nearer one-half, than one-fifth, in the death rate.

As we look through volume after volume of statistics, compiled with much labor by individuals, by municipal, State, and national health boards, we exclaim, "To what end is all this!" The moral effect of these figures, so far, cannot be said to have visibly decreased infantile mortality. If the object of this research is simply to gratify a public sense of curiosity or to tickle the scientific palate of the medical profession, then no doubt its end has been reached; but if the object of this labor be the reduction of the death rate, the eradication of disease, the elevation of health, the goal stands yet in the far distance; and unless the student of hygiene, passing through these overshadowing, endless columns of figures, gather from *their light* for the solution of this grave problem, it will never be reached!

Congenital diseases are usually classed under the head of "mysterious dispensations of Providence." This very comfortable view may be accepted by the selfish, unthinking man or woman; but to an earnest student of hygiene, or to the thoughtful parent, is altogether unsatisfactory; to *these conscientious* observers, "congenital diseases" and "avoidable diseases" are synonymous.

If our physicians would but open their mouths to speak, parents open their eyes to see, children would no longer be mere "sexual accidents" with "pot luck" for inheritance!

Members of our profession write page after page upon the fatal results of hereditary syphilis: they exhaust themselves in discussing methods of treatment for its various phases; still they permit, nay, even sometimes advise, syphilitic patients to marry.

In spite of medical statistics to prove that many nervous diseases

of children, much insanity, and the greater proportion of epilepsy in later life, are directly traceable to drunkenness in parents ; in spite of the fact that tobacco has been proven to be a poison to the nervous system, and nostrums must be compounded for "the tobacco heart," whisky and tobacco are at a premium, and the drunkard or tobacco slave may add as many innocent victims to the general slaughter as he desires.

Of a truth, we must agree with last year's President of The Institute of Homœopathy—Dr. J. D. Buck—that "one-half of man's nature, and that the highest and most important, is habitually neglected by the average physician."

Shall parents through *ignorance*, or through love of self-gratification, slay their "tens of thousands" and we have no word to say ? Shall no voice be raised in defense of "the children crying in the dark" ?

Let our brothers in the profession unite to preach the doctrines of virtue for *men* as well as women ; to warn the young man of the physical and mental damnation he may bring upon his children and children's children if he disregard the most sacred of nature's laws. Let them tell the wretched syphilitic *the truth*, that he can never be wholly clean again ; that there will *never* be a *safe* time for him to marry. Let them explain to their fellow-men the laws of heredity ; how the blood, surcharged with whisky and tobacco poison, carries a taint into the blood of the children, which may cause early death, bodily deformity, or mental imbecility.

Let the women of our profession ponder more deeply upon nature's divine laws ; let them explain to young girls the beauties and wonderful possibilities of harmonious physical and mental development, the grand responsibilities of perfected womanhood, the sacredness of wise motherhood. Point out to our future mothers better methods of dress, wiser ways of living, which will not only bring to themselves long life and health, but will shower upon their children blessings untold.

Let these things be done, then may we look for the beginning of a reform, which will in time banish the crime of congenital diseases from the world.

HARTWELL, O.

A CASE OF REFLEX NERVOUSNESS.*

By T. G. BARNHILL, M. D.

ON July 31, 1889, a Miss S., aged thirty, was brought to my office by a customer of mine whom she was visiting. The lady had been treated by eminent homœopathic physicians, both male and female, in the southern part of the State, from whence she came. Now if there is

* Homœopathic Medical Society of Ohio, 1891.

one thing I dislike to do more than another it is to follow a homœopathic prescriber and expect to relieve my patient, for I know by my past experience that no patient was ever relieved except through the law of similia, and, if the physician adheres closely to the laws, science, and principles of Hahnemann as laid down in the *Organon*, that few will fail to relieve the sufferer. No difference how small the dose may be,—the smaller the better, in chronic cases,—if you get the right remedy it will be grasped after by diseased organs the same as a drowning man would grasp after a straw for relief.

No homœopathic physician need ever carry a hypodermic syringe to relieve human disease ; no homœopathic physician need be despondent and flounder about in the sea of life disgusted with the law of cure, for we have the law, and, if properly studied and applied, it will serve you every time. The time is not very far distant when our old-school brethren will be falling into line more and faster than they ever have done, because there will be nothing else left for them to do.

It seems to me that they have exhausted all other theories : The blue glass craze has come and gone with them ; Pasteur's hydrophobia theory is little thought of ; Brown-Sequard's elixir of life has gotten in its work, and everybody can know and see the number of disappointed physicians that followed that disgusting craze, hoping thereby to get some relief to their jealous brains. And now comes Prof. Koch's theory, that was picked up and lauded to the skies as the all and only cure for tubercular diseases. Why, his theory had a cyclonic sweep over all the countries. See how fast he went up and how gradually he is coming down, only to be stared at on all sides of the horizon saying, "You can't do it, Professor ; you can't do it." If he can cure incipient pulmonary phthisis with his theory, so can the properly applied homœopathic remedy. What anybody can do in the cure of disease a homœopath can.

Sometimes mechanical means must be employed to relieve human suffering, as the exciting causes of diseases are sometimes mechanical, as it was with the case in question. This lady taught school for eight years without being absent or tardy a single time. This constant and monotonous avocation became a strain upon her entire system ; she did not work harmoniously with the mind and muscle. The consequence was the sympathetic nervous system was overtaxed, thus weakening the organic nervous system so much that some of the organs of the body began to fail to perform their proper function. She had leucorrhœa, menses regular but scanty, cold hands and feet, a weak, empty feeling in the stomach, bowels slightly constipated ; she was full of sadness, anxiety, and a tendency to start, especially at night, after falling into a dose, greatly aggravated by noises ; some debility, and a very marked indifference to those about her, with a mind fully made up that she

could not get relief. At night, when attempting to sleep, she could not lose consciousness until near morning ; her mind would go right along with all kinds of work and ideas. One great peculiarity of her case was, not exactly a spasm of the rectum, preventing sitting quiet, but an irritation that would cause her to unconsciously "hold herself," as she termed it. If she would have her hand on an object, she would grasp it more firmly ; she would even bring the gluteal muscles into action in holding the sphincter of the rectum. She would hold herself in this way until almost exhausted, when she would suddenly think of what she was doing and let loose as she said, or relax all this muscular tension, accompanied with a sigh of relief.

Here is a case where her doctors should have caused a halt, and made her know that it was time for her to study the lessons of common sense, in regard to health, and follow more rigidly the lines of health, including those of comfort. The laity have a right to know what concerns their health and lives, and a little preaching and less practicing upon such questions would interest them more than social topics or politics. I taught this case to know more about herself than she ever knew before ; taught her to know more about the working of the machinery in this human temple, of how the engine works, and asked her to study the quality of the fluid that went coursing through the circulatory system, whether it was life or death giving.

This lady had been treated by two or three good homœopaths. Thinking, therefore, that she had been treated with such remedies as Puls., Ignatia, Cocculus, Sul. acid, and kindred remedies, I therefore concluded to try and relieve her symptoms by other measures. After talking to her about herself, telling her about the agonizing and torturing pain a starved nerve produces, thus gaining her confidence, I finally told her I could relieve her in fifteen minutes, and I did. I told her how the relief would be accomplished ; she complying with my ideas she took her place on the chair. I kindly asked her to lie down, and then inserting a small-sized rectal speculum in the rectum, manipulated it a short time, putting the sphincters on a slight stretch ; then a larger rectal speculum (Pratt's), and thoroughly but gently stretched the sphincters all she could stand ; before she got off of the chair she was to a very great extent relieved. That night the sleep was good and sound, feet were warmer, and a rapid improvement followed. On the second day she reported very favorably at the office ; gave her another mild treatment, and followed up this with Sul. acid 3 x, internally. Her permanent improvement was rapid, safe, and sure ; but the mechanical remedy applied to a mechanical disturbance, I firmly believe, was the straw that broke the camel's back and caused the internal remedies to take hold better.

FINDLAY, O.

CLINICAL STUDIES.

By S. M. SMITH, M. D.

IN the summer of 1888 a young man came to me, for general treatment, who had frequently been a patient of mine. He was not robust, but counted himself fairly well. He has a history of consumption on his father's side, but fair health on his mother's side. I attended the patient in pneumonia, some two years before, which left his lungs weak but not diseased ; was liable to take cold easily, but nervous and easily discouraged. I inquired how he was suffering. He replied that he was weak and good for nothing ; run-down generally ; said that he did not know what did ail him. He was a merchant and very closely confined to business, and had a good deal of care and anxiety. He said that his head felt weak and tired, could scarcely hold it up ; it was especially weak at base of brain ; he felt unable to concentrate his thoughts upon anything ; his appetite fitful, and digestion poor ; had to be very careful about his eating, and his habits generally. Withal he had some heart trouble which made him anxious, as his father died the previous autumn with organic trouble of the heart. After weighing his symptoms carefully, I decided to give him Silica, as it best covered his mental symptoms, as well as other symptoms that were annoying. I think it a good constitutional remedy when indicated. It did well for him. He went about his work with more courage, and cheerfully ; less dread of mental labor or effort. His stomach still troubled him very much, yet his digestion improved and he relished his food better.

After a few days I discovered symptoms of *tænia*, and said to the patient that I believed that was his chief trouble. He then told me that for a year or more he had frequently passed a flat, queer-looking thing, an inch or more in length and less than one-half inch in width. On examination they proved to be *tænia solium*. I then gave him *Pepo*, which brought away some twenty-five or thirty feet of tape-worm and hundreds of the *solium*. His stomach improved at once, but still did not feel well ; he was still nervous and despondent. I then gave him *Kali phos. ix. 30*, which completed the cure. The world was brighter to him and business no longer a burden, and began to feel like himself again. He wrote me after I returned to New York that he did not know when he had felt so well. Said that his heart trouble was very much relieved so that he no longer felt anxious on that point. I have prescribed on several occasions for him with great benefit. I have given *Kali phos.* to several different persons, for functional disturbance of the heart, when accompanied with a weak, nervous condition, and it has always proved to be very satisfactory.

In February last, a widow of about forty came to me (by request of her doctor, who lived out of town) for an examination, that I might

confirm her diagnosis or tell wherein I disagreed with her. In the main points I confirmed her diagnosis. I found antelexion of uterus with cervix uteri, resting on the spinal cord, but nothing serious in the condition. The condition did not warrant the very peculiar condition of the patient. She was very anxious as to her future health, nervous and weak, exhausted with slight effort, thoroughly discouraged, no heart to doctor, she said ; irritable, easily displeased, which she said was not natural. In getting the history of her case I learned that she had suffered many annoyances, in various ways, during her married life, which helped to account for her present mental and physical condition ; which, with the local trouble had caused hyperæmia and hyperæsthesia of the brain. I gave Kali phos. as the indicated remedy. She came the second time, as her doctor requested, in four days ; she remarked at once that she was almost well ; said that she had not felt so well in months, especially the head. Kali phos. 30 continued. I wrote to her doctor and at last report she was doing well.

Little uterine treatment goes a great way with the true similium.

NEW YORK, May, 1890.

A FEW NOTES ON STRAMONIUM—FROM AN EXTEMPORANEOUS LECTURE.*

By FRANK KRAFT, M. D.

Stramonium. Thorn apple. Devil's apple. A narcotic poison. Ripe seed used. Chief sphere of action is on cerebro-spinal nervous system. Antidote to poison : citric acid ; an infusion of licorice root. It acts from 36 to 48 hours ; no marked periodicity.

It is a {
 talking
 singing
 praying
 restless
 obscene
 painless } remedy

Talks continually and runs into obscenity. When singing will make up verses which start out all right but gradually become obscene. She prays at all times, but mostly at night. She is very restless, and her movements at this time are very graceful. Claps her hands above her head. All secretions and excretions are suppressed as a primitive effect. It has an acute mania. Puerperal mania is characteristic.

* Delivered before the classes of the Cleveland Homœopathic Hospital College, '91, and reported by W. E. Pryor, '92.

IN DELIRIUM.

Stramonium.

Noisy.
 Good-natured.
 Talkative.
 Furious.
 Conscious.
 Violent fear.
 Laughing.
 Singing.
 Dancing.
 Tries to escape from fear.
 Carphologia.

Belladonna.

Noisy.
 Violent.
 Raging.
 Furious.
 Angry.
 Fearful.
 Shouting.
 Screaming.
 Dangerous.
 Tries to escape from rage.
 Carphologia.

STRAMONIUM.

Worse.

Dark.
 Solitude.
 Touch.
Bright light.
 After sleep.
 Attempting to swallow.

Better.

Company.
 Light.
 Warmth.
 In house.

Hallucinations of rats, mice, cats, dogs, rabbits, and bugs are very real to him.

It is adapted to the young and plethoric. Can't walk with eyes closed. Must have light in room but not bright. She has a weak memory.

In weak memory lock up.

Stramonium.	} [Indications given in full.]
Anacardium.	
Kreosotum.	
Lachesis.	
Natrum mur.	

Head feels drawn backward (Gels.).

Eyes are	{	red.
		wide open (even when asleep). (Apis.)
		prominent.
		glistening.
		pupils dilated.

She sees double either above or to the left, or she may see but a part of anything. It has cured strabismus when caused by brain disease. Illusion of colors—black seems gray.

Face is red and hot, but no fever, and forehead wrinkled. Lips marked with a yellow stripe.

Food tastes like straw, chips, or sand.

Saliva is viscid, glairy, and salty.

Barks like a dog. Hydrophobia has been cured by Stramonium.

Good in coughs and asthma.

Convulsions brought on by onanism.

Child fingers genitals.

Good in chorea. Urine suppressed but not painful. Good in suppression after miscarriage or labor.

Skin—erysipelas on right side of face and head. Lumps and wheals under the skin. Intense itching made worse by rubbing. Formication.

Can't find pulse on right side.

Chill, fever, and sweat, come all mixed together, and at any time of day or night. Sweat is oily and profuse. Must keep covered during heat.

BOOK REVIEWS.

THE CONCORDANCE REPERTORY OF THE MORE CHARACTERISTIC SYMPTOMS OF THE MATERIA MEDICA. By WILLIAM D. GENTRY, M. D. Volume v. New York: A. L. Chatterton & Co., 78 Maiden Lane, 1890.

This, the fifth volume of the series, contains Voice, Larynx, Trachea, Chest, Lungs, Bronchia, Cough, Heart, Circulation, Chill, Fever, Skin, Sleep, and Dreams. It was with some surprise that the writer of this notice listened to the arguments at Atlantic City on the question of Repertory for the Cyclopædia, because no one of the speakers for one single moment referred to Gentry's Concordance as a possible model for the new work. Every other medium was suggested. What fault can be found with the Concordance Repertory? We have not heard or read of a single one. When the next (the final) volume is completed, the student of materia medica will have at hand a concordance as truly reliable as Cruden's Concordance of the Holy Scriptures. By a little careful observation of the rules laid down for the use of the work—and they are very few and practical—any symptom of any note in any of the accredited materias medica can be quickly found. Undoubtedly here, also, as in the apparent large materias medica, the cry may have gone forth that it is too voluminous; but a careful study of the work will quickly disperse this notion, seeing that any one symptom may be repeated a dozen times and even more; so that the seeker may find his symptom in one way or another, either in its exact language or some synonym. This work also is not designed for carrying to the bedside, if that practice is ever justifiable; it is the rather a valuable concordance or dictionary of our materia medica, wherein a well-known symptom, which persistently eludes our memory, may be quickly run down and transfixed. In especial, we desire to call attention in this volume to the section devoted to Chill and Fever. It is very thorough and explicit; and as well to the Chest, Lungs, Bronchia, and Cough, which seems to leave nothing unrecorded in the way of symptoms.

PSYCHOLOGY AS A NATURAL SCIENCE APPLIED TO THE SOLUTION OF OCCULT PSYCHIC PHENOMENA. By C. G. RAUE, M. D. Philadelphia : Porter & Coates, 1889.

It is not without a sense of weakness, and a blush of mortification that we confess that this book has stared at us from our Review table for two years and a half, and that even yet we feel ourselves incompetent to do it even scant justice. Psychology, however intimately interwoven with the practice of medicine, as it is with all the professions where personal intelligence rather than labored acquisition of knowledge governs, is yet so little practical, or applicable in a practical way, that a busy worker, surrounded by the cares and responsibilities of a bread-and-butter existence, can give it but little thought and necessarily no study. The subject to the student of occult phenomena, no matter how or where found, is of absorbing interest ; and so also to the thinker with leisure at his command in which to reason and reflect upon the problems presented. We have spent many pleasant moments reading here and there in this book and culling the beauties which the master hand of Raue has planted ; but to say that we have read the book and followed out his line of reasoning would be false. There are many pages in it of such fine metaphysical ratiocination, strung together with such delicate consistency, that we frankly admit that our trend of study has not given us the proper talent for their complete mastery. The subject treated of is of an immaterial something which promptly and persistently eludes the steady mind of the materialistic student ; it delights to inspirit the mystic and him who is bent upon prying into the secrets of that something, which for lack of better word we call life. It has an infinite charm over the contemplative mind ; and if properly pursued should be of intense interest to the physician who stands at the gates which admit and dispatch the immortal soul. There are but few in our ranks who could not, if they would, detail mysterious happenings in the sick chamber, in the hour of death as well as in the hour of birth ; happenings that no material philosophy can approach for explanation or satisfactory solution. Dr. Raue has taken this *Seelelehre*—soul study (which by the by is more intelligible than psychology) and endeavored to connect it with the experiences of the intelligent physician ; he has given a number of his pages to the purely metaphysical, which will always prove difficult reading, even to the most liberally read general physician ; but this was necessary in order to lay the foundation for the lighter superstructure which occupies the larger part of the book, and will prove a fascinating study to all. Leaving the intellectual sphere of the mind, the sphere of conation, we reach the emotional sphere, which is clearly within the daily scope of the physician, as is also the physiological psychology. Occult phenomena fall within the lives of every well-read person. More than this we are not competent to say. We are glad to say, however, that as far as our limited psychical training has suffered us to follow the chain of reasoning, it was cogent and coherent, and Dr. Raue, who stands deservedly high as an author and teacher in the more material matters of medicine, has as well entered upon a new field of success from which he is not likely soon to be vanquished. The publishers have done handsomely by the author in that the book is prepared in first-class style, paper, type, workmanship, and attractively bound.

A CONCISE DESCRIPTION OF THE SYMPATHETIC NERVE. Accompanied by a lithographed plate in colors.

Messrs. J. H. Chambers & Co., of St. Louis, publishers of this plate and the description, have presented to the student and professional man a visible Sympathetic Nerve, which cannot fail to instruct and interest all. The chart is life-size, 18x33 inches, mounted on cloth with brass clips, and the represented dissection is graphic and clearly done. It occurs to us that the orificial surgeon, of whom we now have many, could not better invest \$2.50 than for this chart, seeing how much assistance it must prove to him when dealing with a patient who wants to know "why." For the teacher of anatomy the plate is invaluable.

PRACTICAL ELECTRICITY IN MEDICINES AND SURGERY. By G. A. LIEBIG, Jr., Ph. D., Assistant in Electricity, Johns Hopkins University; Lecturer on Medical Electricity, College of Physicians and Surgeons, Baltimore; Member of the American Institute of Electrical Engineers, etc., and GEORGE H. ROHÉ, M. D., Professor of Obstetrics and Hygiene, College of Physicians and Surgeons, Baltimore; Visiting Physician to Bay View and City Hospitals; Director of the Maryland Maternité; Associate Editor "Annual of the Universal Medical Science," etc., profusely illustrated. Philadelphia and London: F. A. Davis, Publisher, 1890.

Electricity is undoubtedly the power of this age. We find it usurping and supplanting the old time-worn and time-honored ideas of commerce and medicine. Already it is given light and power, and it may not be very long ere it will also give us heat—practical heat. In medicine and surgery its strides, as exemplified in this present book, are those of a master. It is a charming subject to read and ponder over if one is not bent on learning all its mechanical details; it is of interest to the child and the sage; and in nothing can it be of more direct value than in its judicious use in disease. Liebig and Rohé divide their book into three parts: the first part having relation to Electricity, Magnetism, Batteries, Storage, etc.; the second part to Electro-Physiology, Electro-Diagnosis, and Electro-Medical Apparatus; and the third part to special Electro-Therapeutics. It is perhaps not practical to state an electrical problem without recourse to algebraic formula; but to our view this detracts from the value of a general text-book. It is not a fair assumption that a would-be student of practical electricity must be a classical student, one versed in the higher mathematics. Still this present book is surprisingly free of algebra, and it is not a very difficult matter for an ordinary physician to follow the line of argument and instruction.

INTERNATIONAL CLINICS: A Quarterly of Clinical Lectures on Medicine, Surgery, Gynæcology, Pædiatrics, Neurology, Dermatology, Laryngology, Ophthalmology, and Otology, by Professors and Lecturers in the Leading Medical Colleges of the United States, Great Britain, and Canada. Edited by JOHN M. KEATING, M. D., Philadelphia; J. P. CROZIER GRIFFITH, M. D., Philadelphia; J. MITCHELL BRUCE, M. D., DAVID W. FINLAY, M. D., both of London, Eng. April, 1891. Philadelphia: J. B. Lippincott Co., 1891.

A reading of the title page is the best description that can be given of the scope of the work. It is a series of cliniques, as stated, of a very

interesting and diversified character, as the captions of the articles alone will prove. We take at random the following: Acromegaly, Polyæmia, Treatment of Cough in Phthisis, Hydrothorax with Dexiocardia, Modern Methods in Surgical Operations, Scirrhus of the Breast, Wyeth's Hip-joint Amputation, Abdominal Nephrectomy, Cholelithiasis, the Early Diagnosis of Pregnancy, Cancer of the Vagina, Myotonia and Athetoid Spasm, Xanthoma, Astigmatism, and many others; in fact there are thirty-six papers contributed, covering 340 pages, with twelve plates, either photogravure or fine wood cuts, and as many more of figures—cuts explanatory of text. The paper on Acromegaly, by James Ross, M. D., LL. D., F. R. C. P., is an interesting and instructive lecture, being illustrated with a number of photogravures and half-tone pictures; so that the well-written text, accompanied by the visual demonstration, makes a lasting impression upon the reader and student. We will select one other paper for a cursory examination, that found under Neurology, entitled Myotonia and Athetoid Spasm, by Charles K. Mills, M. D. This was a clinical lecture at the Philadelphia Hospital, and is wonderfully graphic, and will interest a non-medical reader as quickly as a physician. This case is one of Inertia on Voluntary Effort, a most remarkable case, which will repay reading, as it would be impossible to condense it sufficiently to present to our readers in a book notice. The half-tone pictures which go with it are unusually fine. If the promised successors to this issue will be as well prepared, the work will be indeed a treasure, and we are happy in recommending it.

THE SECRET OF SUCCESS, OR FINGER POSTS ON THE HIGHWAY OF LIFE. By JOHN T. DALE, with an Introduction by JOHN V. FARWELL. Fleming H. Revell, New York and Chicago. W. A. Chat-
terton, Chicago, 1891.

A desultory reading of this book convinces at once that the author has the "writing bug" in first-class form: having readable matter on sixty everyday topics, from How to use Tact, to Gaining Our Heavenly Home. Many of the subjects are far from new, but their handling is fresh and vigorous and attractive. It is not a medical book,—makes no pretension in that direction,—but is given up wholly to pointing out to the youth, and the more mature, how best to direct the willing effort in order to get quick returns for the outlay. The text is plentifully interspersed with anecdote and tale, so that the reading is not a labor of any kind; not a homily, but plainly an easy talk, one that every one will understand and appreciate. The book is handsomely bound, well printed, and deserving a place in the trunk or chest of drawers of every young man or woman.

THE GUIDING SYMPTOMS OF OUR MATERIA MEDICA. By C. HERING, M. D. Vol. ix. Philadelphia: 112 and 114 North Twelfth Street.

This is the ninth in the series of *Materia Medica* volumes, whose completeness is not, we think, equaled by any other at present known *materia medica* publication. We very well appreciate the cry that has been going up in various quarters of the land, because of the voluminous proportions of the *materia medica*, and these guiding symptoms are most often had in view when giving utterance to such complaints. But as well might these children of Niobe exclaim concern-

ing the voluminousness of the INTERNATIONAL WEBSTER DICTIONARY, or of the CENTURY DICTIONARY, or of the ENCYCLOPÆDIA. These works are certainly of great bulk, and yet who would be so irrational as to insist on cutting down these books, so they might be carried in one's hip-pocket or reticule. The guiding symptoms to the understanding homœopath, bear the same relation that to the intelligent writer or reader do the larger dictionaries. They may be read page by page and with interest and certainly with increased knowledge ; but no sane mind would require that everything set down in the Unabridged must be remembered or conned over and over again until it can be instantly reproduced. So, too, it is the supremest degree of foolishness to expect that any, even the most retentive of memories, shall read any *one* remedy as given in any one of these volumes and remember it. But if the reader is in doubt concerning a word, or the writer is anxious for a closer and more intimate knowledge of a phrase, he is not content with this Business Man's Vest-Pocket Lexicon, but he goes back to the fountain source and traces out the philology. If he is no wiser when he has spent several hours browsing in the Unabridged and Encyclopædia, it is surely not the fault of the book, and a complaint that the books are too voluminous, and therefore ought to be cut down to common sense proportions could not avail that complainant a very great deal. The parallel holds good with the materia medica. If the doctor has a case which in his mind hangs fire between, let us say Nux vomica and Sulphur, and if the more condensed, labor-saving manuals fail to give him that certitude which he covets, what more natural, more grateful, than to refer to a ponderous, voluminous proving or résumé of both remedies, and read up on the finer shades of distinction and cure his case. It is true that these books are of more value to the close, conscientious prescriber, than to the shuffling, lazy, alternating, allopathic prescription writer ; but this is equally true of the indifferent or careless writer, or speaker, as to the dictionary.

This volume opens with *Ranunculus bulb*, and closes with *Stannum*. Each remedy is handled by masters in the profession, and their work, commends itself at a glance. Vol. ix is the equal of its predecessors and we have no hesitation in speaking a kind word or two for this monument to Hering, not only because Hering deserves it, but because it is a priceless treasure to the materia medica man, who is bent on learning all there is to be found in any book on the subject he may be interested in, and, like the thorough lawyer, will not give up his case or patient until he has tried the courts of last resort.

GLOBULES.

—Pressing a finger on the upper lip will absorb a sneeze if thought of in time.

—Doctors say a healthy adult should eat at least ten ounces of meat each day.

—A Vienna doctor has declared that cancer can be arrested by an injection of one of the coal-tar derivatives, methyl violet.

—LIME IN THE EYES.—Use sugar and water ; no oil.

—Doctors say that the left leg is usually stronger than the right.

—EMESIS FOR POISONING CASES.—Inject under skin $\frac{1}{8}$ to $\frac{1}{2}$ gr. apomorphia.

—SCORPION BITE.—Aconite tinct. 5 or 6 drops in half tumbler of water, or teaspoonful at frequent intervals.

—An instrument call the hæmatokrit, based on centrifugal action, has been invented for determining the volume of corpuscles present in blood.

—ANOTHER TAPE-WORM SPECIFIC.—Oleum crot. tigl. one drop dissolved in chloroform and mixed with an ounce of glycerin.—*Eclectic Med. Journal*.

—DEBILITY OF ACIDS.—Says Dr. William Boericke : All acids produce debility, languor, and weakness because of the impaired nutrition they cause.

—The report of the German government upon the results of the use of "Tuberculin" are most discouraging. Among the seventeen hundred cases, one-half were not improved at all.—*N. Y. Med. Times*.

—ANOTHER TREATMENT OF HÆMORRHOIDS.—Dr. George J. Monroe (*Louisville*) injects per rectum one teaspoonful of fluid extract Hydrastis canadensis, mixed with six teaspoonfuls of aqua, every three hours.

—CASTOR OIL.—There seems to be a field for this friend of our early youth, for it is said that if the oil be thoroughly heated and applied to the abdomen in children it proves as effectual in moving the bowels as when given internally.

—SULPHUR IN PREGNANCY.—Woman is very large, looks like twins, is gluttonous and sedentary. Swollen about lower extremities. Hot feet, keeps them out of bed at night or against cool foot-board, and with the before-dinner hunger.

—PAINFUL URINATION.—A gentleman who chewed calendula leaves for a few minutes was relieved for some days of difficulty in passing urine, so says the *Homœopathic World*. The trouble had been an old one in an elderly person.

—Prof. Bartholow says Gelsemium will often do more good in irritable bladder than any other remedy, being especially adapted to women of a hysterical type troubled by irritability at the neck of the bladder calling for constant urination.

[Ah, there ! Somebody's been telling the Professor something. So Gels. is good in hysterical cases, is it ? Dew tell.]

—HAHNEMANN'S RULES.—1. Let the patient or friends tell their own story without interruption.

2. Write it down in separate symptoms.

3. Complete it by questions and observations with regard to every function.

4. Never ask a question that must be answered by yes or no. Consider yourself a tyro if you do.

5. Inquire with regard to every single symptom, about place, time, kind of sensation, modalities, and connection.

—About one-fifteenth of the Russian priests are said to dispense homœopathic medicine to the best of their knowledge. One hundred thousand rubles have been raised in St. Petersburg for a homœopathic hospital. There are about two hundred homœopathic physicians in Russia.—*Correspondence of Cal. Homœopath.*

—TREATMENT OF HÆMORRHOIDS.—Prof. Verneuil in the *Gazette des Hôpitaux*, recommends two ways : first, thorough dilatation of the anus. "It matters not what the accompanying symptoms may be, or if the hæmorrhoids are large or small, bleeding or not, dilatation of anus will insure the cure ;" second, if dilatation is impracticable for reasons stated, then use a warm carbolized spray.

—*The Keystone*, published in the interest of the Buffalo Homœopathic Hospital, Mrs. Joseph T. Cook, managing editor, publishes the Resident Physician's Yearly Report, from which we extract the following : Of cases treated during the year, 221 were medical, 159 were surgical, and 31 were treated in Eye and Ear Department ; 211 were males ; 200 were females ; 320 were in the wards ; 91 occupied private rooms. This looks decidedly like business.

—INTUSSUSCEPTION.—Brinton (*N. Y. Med. Jour.*) has collected 500 cases of fatal intestinal obstruction ; 215 of these were due to invagination. The injection of air has proved on the whole the most effective treatment in children. The reduction in some instances is very difficult, and repeated trials are necessary. No violent means should be employed, and an anæsthetic should be administered if there is resistance on the part of the patient.—*Med. Standard.*

—Benjamin Franklin, at about sixty, began to feel greatly the encroachments of old age, so he went to Dr. Darwin for advice. The doctor recommended to him the lukewarm bath, to be taken twice a week. Franklin followed this advice, and very soon noted the beneficial effects of these warm baths upon his aged body. He is said to have continued their use up to within a short time of his death, which was at eighty-four, and to the very last was strong and vigorous in body and mind.

—SIX FACTS REGARDING CHLOROFORM.—1. The use of any anæsthetic is attended with an appreciable risk, and no care will prevent an occasional loss of life.

2. Chloroform acts much more promptly and much more powerfully than ether, both upon the respiratory centers and upon the heart.

3. The action of chloroform is much more persistent and permanent than that of ether.

4. Chloroform is capable of causing death either by primarily arresting the respiration, or by primarily stopping the heart, but commonly (sometimes) both respiratory and cardiac functions are abolished at or about the same time.

5. Ether usually acts very much more powerfully upon the respiration than upon the circulation, but occasionally, and especially when the heart is feeble, ether is capable of acting as a cardiac paralyzant, and may produce death at a time when the respirations are fully maintained.

6. Chloroform kills, as near as can be made out, proportionately, four or five times as frequently as does ether.—*Prof. H. C. Wood.*

—BUTTERMILK AS A LAXATIVE.—Buttermilk may be used with benefit in cystitis, gonorrhœa, and in all diseases of the urinary organs where soothing mucilaginous drinks are indicated, where an increase of the flow of urine is desirable, and to soothe inflamed and congested mucous surfaces.

—TEA A CAUSE OF COLD FEET.—The *Arch. of Surg.* reports the case of a lady who said that drinking tea made her feet ice-cold and wet with perspiration—principally, however, of the soles. The coldness is believed to be the result of the arterial contraction, for the feet at the same time shrink. Alcohol has usually a directly opposite effect.

—SOME MORE SPECIFICS.—In the course of another half century, if we are to believe the patent medicine manufacturer, the practice of medicine will be resolved into a box filled with specifics for this and for that. Bromoform is now claimed to be a specific in pertussis; peroxide of hydrogen for diphtheria; jaborandi, in full dose, for nettle rash.

—THE ADVERTISER.

Wonder not that scribes sarcastic,
Say that ethics are elastic,
And that frigid code shave melted in the heat of modern haste;
Though it's called a rank transgression
To announce your own profession,
Still do Koch and Pasteur let the chance of blazon go to waste?

—*Lippincott's Magazine.*

—AGARICUS MUSCARIUS IN FROST-BITE.—Dr. A. K. Hills (*N. Y. Med. Times*) says that frost-bites and chilblains are best relieved by this remedy; using a tablet every two hours internally of the one-tenth dilution, and an alcoholic solution containing one-tenth of the drug may be used locally.

—OPERATION FOR INCONTINENCE OF URINE IN WOMEN.—Dr. William Alexander, at a recent meeting of the British Gynæcological Society, mentioned a patient whose occupation compelled her to retain her urine for unduly prolonged periods of time. The result of this unnatural condition was a paralysis of the sphincter vesicæ. To relieve the patient of this distressing condition, after trying other methods, the doctor dissected out the urethra and led it into the rectum, hoping to utilize the rectal sphincter for retention of urine. At the third attempt he succeeded, and the patient was much relieved. He also narrated two other cases where he operated for the relief of vesico-vaginal fistula by causing occlusion of the vagina.—*Brooklyn Med. Jour.*

—THE TEN-BLOCK SYSTEM.—According to Mr. Bancroft's "Ten-Block System," every road is divided into blocks of ten to the mile; each block therefore being 528 feet, or 176 yards, or 8 chains, in length of road frontage. Two house numbers are assigned to each block, one on each side of the road. Every house in a block is given the number of that block; the first one having the number only, the others being distinguished by the letters of the alphabet in addition, as 96, 96a, 96b, 96c, etc. The numbers thus arranged indicate the distance of the house from the beginning of the road. As there are two numbers to each block, and ten blocks to the mile, to get the distance in miles, the number of the house is divided by 2 and again by 10; thus, 96 divided by 2 give 48, and this divided by 10 gives 4.8 miles, as the distance of the house No. 96 from the beginning of the road.—*Occidental Medical Times.*

—Even Russia has fallen into the line of advanced demands of the people for the medical education of women, and has already established in St. Petersburg the "Female Medical Institute," open only to women between twenty and twenty-five years of age, who have "maturity" certificates of proficiency in the two ancient languages.

—SENSE vs. STRENGTH.—Just a little sense, says the *Cleveland World*, is sometimes worth more than a great deal of strength. A Thompson (Ga.) cow got its tail caught in a tree. She made matters worse by going around the trunk until the tail was wound up. She then became "rattled," and, with a lunge and a bellow, pulled the tail out by the roots.

—GRATITUDE.—Dr. Michelsen, of Wiesbaden, recently cured the wife of Herr Danuer, a wealthy merchant, of a dangerous disease. Herr Danuer, in gratitude, has donated 2,000,000 marks to found a hospital in Hamburg, which is to be under the direction of Dr. Michelsen. [Doubtlessly a very proper thing to do. However, to give 2,000,000 marks for a hospital in which Dr. M. has no proprietorship, is a good deal more gratitude than common sense.]

—*Items of Interest* tells of a girl, probably from Weighback, who could not be persuaded to enter the dentist's chair until she had received the most satisfactory answers to her inquiries as to how one was placed in the chair, and how the positions of the patient and the chair were changed after the patient was in it. The explanation satisfied her as far as lower teeth were concerned. "But," said she, "the most of my teeth that need filling are upper ones, and how do you fix the chair to fill them?" It afterward turned out that a mischievous brother had told her that in order to fill upper teeth it was necessary for the dentist to reverse the chair so as to stand the patient on his head.

—SUMMER DIARRHŒAS.—At this season of the year it is well to have at the fingers' end and bottle's mouth a half-dozen remedies for instant uses in children. These may be the following: (1) Sulphur. (2) Bryonia, (3) Althusa, (4) Aloes, (5) Chamomilla and (6) Psorinum. No. 1 has the excoriated anus; early morning "hustler" smell of stool follows them. No. 2, "bilious" diarrhœa, setting in from overheating, or sudden change in weather. No. 3, vomits "smear-case," curdled milk, and purges similarly (a precious *cholera infantum* remedy); No. 4, insecure stool; child says it can't help it, jelly-like, hot stool; apple and candy eaters; No. 5, the dentition stool, baby hot and angry, scrambled eggs stool, with traces of green and slime. No. 6, the foul, rotten egg or worse smelling stool.

—COUGH DROPS AND CIGAR PASTE.—The *Philadelphia Press* prints the following o'er true tale: Bernard Schrack sat in the Girard House at dinner the other day. He ordered blanc mange for dessert, and when it came on the table he said: "This reminds me of a most remarkable experience I underwent in Montana in 1877. I reached Edmond's ranch in Forty Foot Gulch one day in February. Nobody was at home, and I sat down to wait. Pretty soon a big storm came up and, sir, in less than two hours the snow had almost covered that shanty. It was a terribly hard winter in the Northwest, you may remember. Thousands of head of cattle perished and hundreds of ranchmen lost their lives.

I was twenty-one days in that shanty. There wasn't much to eat when I went in, and by the tenth day I had exhausted everything in the cabin that seemed likely to sustain life. On the fifteenth day the pangs of hunger became so great that I attacked a big box of cough lozenges that the ranch-keeper kept for customers. I ate seventy packages of fifty lozenges each. Directions said 'take one every three hours until relieved.' I took them by the handful and still found little relief. Next I found a box of paste, used by cigarmakers in tipping the ends of cigars. I lived on that paste for six days, and when they dug me out I was suffering from a terrible cold—from the cough lozenges, I suppose. Well, this blanc mange that I am eating now reminds me of the cigarmakers' paste—they taste very much alike, anyhow."

—GOITRE.—Calc. carb. seems not to be the only remedy to be thought of in this condition. Prof. Wm. Owens has had most excellent results from Kali. bich. beginning with the internal administration of perhaps the 2x and gradually diminishing the medicine. Dr. F. B. Brewer, of Illinois, uses chemically pure carbolic acid, commencing with a ten per cent. solution injected under the skin, increasing the strength until effect desired is obtained—sometimes as high as twenty-five per cent. or until the tumor turned white. He recommends great care not to point the syringe between the layers of the skin or into a blood vessel. He uses it once a week until tumor disappears and then not oftener than once in two weeks.

—SUNSTROKE—GLONOINE.—If you run across a case of sunstroke, pull out your little case, give a highly potentized dose of Glonoine, and keep the patient quiet. A person smitten with sunstroke needs absolute quiet. One of the first efforts made by enterprising friends is to drag the patient to some shady spot, or have him taken to the house, or try to make him sit up. DON'T do it! If at all possible, *don't* move him! Shade him from the strong light as quickly as possible, but don't move him. The vertigo is occasioned by the strong light as much as the heat. If you can pursue this treatment you will find your patient all right next day. Belladonna will be your next best remedy. The heat is not as powerful an agent in sunstroke as the bright, intense light. A bright light has often produced loss of consciousness. Dark-colored glasses have prevented sunstroke.—*Prof. Kent in Med. Advance.*

—MEDICAL VEGETABLES.—Spinach has a direct effect upon the kidneys.

Beets and turnips are excellent appetizers.

Tomatoes act upon the liver and asparagus purges the blood.

Lettuce and cucumbers are cooling in their effects upon the system.

Common dandelion used as greens is excellent for kidney troubles.

Celery acts admirably upon the nervous system, and is a cure for rheumatism and neuralgia.

A soup made from onions is regarded by the French as an excellent restorative in debility of the digestive organs.

Red onions are an excellent diuretic, and the white ones are recommended to be eaten raw as a remedy for insomnia.

Onions, garlic, leeks, olives, and shallots possess medicinal virtue of a very marked character, stimulating the muscular system, and the consequent increase in the saliva and the gastric juice promoting digestion.

—CHARITY WORK.—Others advised me to refuse to visit the poor, but this does not work satisfactorily. Among others, I will relate a single instance where I concluded to try this remedy. The evening was intensely cold, the ground covered with snow. About ten o'clock some one halloed at my gate. I crawled out of bed, opened the door, and asked who was there. "Nick Miles," was the answer. "What do you want?" "I want you to go and see my child." "I can't go." "Why, Doc, you have always done my practice." "Yes, I have, and you have never paid me a cent for my services. You have spent money for whisky, got drunk, and never pay me anything. I can't go." "Doc, my child has the croup." "I won't go." "Now, Doc, suppose my child should die to-night, how would you feel?" "I won't go." "Very well, Doc; if the child dies I would hate to have your feelings," and he moved away.

His child had the croup. A short time before this I had lost a little daughter from the same disease, and I knew if I did not go I would not rest much that night. That cough, which you have heard, I knew would ring through my ears like a death knell, banishing all slumber. I hesitated no longer. I wrapped up, saddled my horse, visited and administered to the little patient, returned home and slept soundly the balance of the night.—*St. L. Med. Adv.*

—THE DIETETICS OF PULMONARY PHTHISIS.—1. Every phthical patient should take food not less than six times in twenty-four hours. The three full meals may be at intervals of six hours, with light lunches between.

2. No more food should be taken at any one time than can be digested easily and fully in the time allowed.

3. Food should never be taken when the patient is suffering from bodily fatigue, mental worry, or nervous excitement. For this reason mid-day naps should be taken before, not after, eating. Twenty to thirty minutes' rest in the recumbent posture, even if sleep is not obtained, will often prove of more value as an adjuvant to digestion than pharmaceutical preparations.

4. So far as possible each meal should consist of such articles as require about the same time for digestion; or, better still, of a single article.

5. Within reasonable limits the articles of any one meal should be such as are digested in either the stomach or intestine alone, *i. e.*, the fats, starches, and sugars should not be mixed with the albuminoids, and the meals should alternate in this respect.

6. In the earlier stages the amount of fluid taken with the meals should be small, and later the use of some solid food is to be continued as long as possible.

7. When the pressure of food in the stomach excites cough, or when paroxysms of coughing have induced vomiting, the ingestion of food must be delayed until the cough ceases, or an appropriate sedative may be employed. In those extreme cases where every attempt at eating excites nausea, vomiting, and spasmodic cough, excellent results are attained by artificial feeding through the soft rubber stomach tube.

8. So long as the strength will permit, assimilation and excretion must be stimulated by systematic exercise, and when this is no longer possible the nutritive processes may be materially assisted by passive exercise at regular intervals.—*Alf. L. Loomis, M. D., in Jour. Reconstructives.*

OH-DON'T-LOGY.

DON'T you begin to believe that there is considerable homœopathy left in the American Institute when it sets apart an entire day for *Materia Medica*.

DON'T, for the next two or three years at least, assume that the average medical student is an A. M., or an A. B. He is more likely to be a man who has never been within college walls.

DON'T send your student to a homœopathic college, no matter how great the material influences brought to bear on you, if that college is likely to turn your student into unhomœopathic ways.

DON'T fail, when signing a business letter or other official communication, to append your M.D. That is sufficient. Do not add the names of medical societies, political offices, hospital position, medical college professorship, etc.

DON'T deride the high potencies until you first understand on what rule they are given. There is something in homœopathy above and beyond the covering of symptoms, the small dose, the 3x, and the ridicule of everybody else.

DON'T forever think of Hahnemann as an old man, hydrocephalic head and gloriously bald. He was once a young man, and the major part of his hard thinking was done as a middle aged man anywhere from twenty-five to thirty-five.

DON'T say overmuch about the falsity of the psoric theory ; ten to one, when you scratch such a protestant you find a reader of the *New York Medical Record*, and an eclectic who never knew or wanted to know what the psoric theory is.

DON'T go to college in order to flout your skepticism in the face of your professors. Your preceptors may not have known it all ; and if you can become better doctors because better homœopaths, manifestly you are unwise to refuse to learn.

DON'T boast too loudly of your extensive obstetrical practice. Rich people, as a rule, are past the child-bearing age ; or if they should be so unfashionable as to have one solitary child, the man-midwife who has an extensive baby practice is not the accoucheur.

DON'T despair of homœopathy even in h'England, when Spurgeon's physician is a homœopath and refuses to consult with an allopath. How the times have changed since we were boys ! "The villany you have taught me I will execute." Won't counsel with an allopath ! Whew !

DON'T believe the foregoing too literally, although the exception proves the rule ; we have on our fingers ends the names of ten prominent teachers in the school who are equally celebrated for their practical work and—dollars ; dollars earned as doctors. If monetary success were the only criterion how easy it would be to construct a column of *successful* men composed solely of the "Before and After" gentry, "Youthful Indiscretions," "Marriage-Guides," and "Medical Divorce without Publicity" kind of doctors.

REPERTORY OF THE LUNG SYMPTOMS FOUND IN HERING'S CONDENSED MATERIA MEDICA.

By EDWARD R. SNADER, M.D.,

Lecturer on Physical Diagnosis at Hahnemann Medical College, Philadelphia, Pa.

(Continued from page 332.)

- FLUORIC ACID.**—Upper part of chest seems most affected. Hydrothorax.
- GELSEMIUM.**—Congestive pneumonia, with suffering under the scapulæ, both sides ; caused by checked sweat.
- GLONOIUM.**—Congestions to chest alternately with head.
- HYDRASTIS CAN.**—Phthisis ; to relieve the goneness in the stomach, emaciation, loss of appetite. Bronchitis of old, exhausted people ; thick, yellow, tenacious, stringy sputa.
- HYOSCYAMUS NIG.**—Pneumonia, cerebral symptoms ; delirium, sopor ; dry, fatiguing night cough, or rattling in chest. Hæmoptysis, bright red, with spasms, also in drunkards.
- ILLICIUM ANIS.**—Tough, viscous phlegm with old drunkards.
- IODUM.**—Tendency to pulmonary congestion and hæmorrhage.
- IPECACUANHA.**—Infantile pneumonia, respiration rapid, difficult ; surface blue ; face pale. Fine rattling noises in the chest ; spasmodic cough, nausea ; œdema pulmonum.
- KALI CARB.**—Pressure in middle of chest, with gulping of watery phlegm ; a stricture of the œsophagus. Phthisis ; acts on lower part of right lung ; faint spells ; sputum contains pus globules, blood, and albumen. Pneumonia, with stitches through right chest, hepatic inflammation ; right lung hepatized ; worse when lying on right side. Infantile pneumonia, much rattling both sides ; during resolution. Pleurisy, stitches in left chest, with violent palpitation ; dry cough, worse 3 A. M.
- KALI JODATUM.**—Phthisis piluitosa, with purulent sputum ; exhausting night sweats and loose stools. Pneumonia in the beginning when the disease localizes itself ; also with so extensive hepatization as to cause cerebral congestion and serous exudation ; face red, pupils large ; urine suppressed ; one side as if paralyzed. Œdema pulmonum, with pneumonia ; or secondary to Morbus Brightii sputum like soapsuds, green.
- LACHESIS.**—Pneumonia ; hepatization, mostly of left lung ; great dyspnoea on awaking. Dropsy of the chest ; awakens with suffocating spells ; liver swollen ; scanty, dark urine ; palpitation ; after scarlatina.
- LACHNANTES TINC.**—Severe pain in chest with the cough, delirium, circumscribed red cheeks, worse 1 to 2 A. M. Typhoid pneumonia.
- LAUROCERASUS.**—Spasm of chest ; impending paralysis of lungs ; veins of hand distended. Pleurisy of drunkards ; pulse soft but quick.
- LEDUM PAL.**—Congestion to the chest, with hæmoptysis. Suppuration of the lungs. Hæmoptysis alternating with rheumatism.
- LOBELIA INF.**—Spasmodic contraction of diaphragm.

- LYCOPodium.**—Catarrh on the chest, of infants ; rattling on the chest, which seems full of mucus. Pneumonia with raising of mouthful of mucus at a time, of a light rust color, thin, and easily separated. Neglected pneumonia, especially with continued hepatization and purulent sputum ; typhoid pneumonia. Paralysis of the lungs. Hydrothorax.
- MAGNESIA MUR.**—Congestion of blood to the chest from bathing in the sea.
- MERCURIUS.**—Acts on lower part of right lung ; stitches through to back. Rush of blood to the chest, stitches in the chest, through, from the right scapular ; pneumonia, with bilious symptoms. Suppuration of the lungs after hæmorrhage, or after pneumonia.
- MEYEREUM.**—Oppression of the chest, frequent blood-spitting ; piercing pains, stinging, bruised feeling ; worse under the left shoulder blade. Phthisis pulmonalis.
- NATRUM SULF.**—Sycotic pneumonia, inexpressible agony ; slowly coagulating blood.
- NITRIC ACID.**—Congestion to chest, with anxiety, heat, and palpitation. Heat suddenly abates, yet pulse becomes smaller and quicker (Pneumonia. Pleurisy of old or cachetic people.) Lungs attacked, rattling breathing, loose cough ; sputum brown, bloody ; pulse irregular (Typhus). Threatened paralysis of the lungs (Typhus).
- NITRUM.**—Stitches on drawing a long breath, worse lying, coughing ; dyspnœa, great anxiety (Pneumonia). Annoying feeling of heaviness in chest, like a great load, pressing thorax together ; dyspnœa to suffocation (Pneumonia).
- NUX VOMICA.**—Congestion to chest, with heat and burning. Hæmoptysis, from anger ; suppressed hæmorrhoidal flow ; debauchery ; especially in drunkards.
- OPIUM.**—Tension and constriction of the chest. Heat in the chest. Blood thick, frothy, mixed with mucus ; great oppression ; burning about heart, tremor, feeble voice ; anxious sleep, with starts ; legs cold, chest hot ; especially for drunkards.
- PHOSPHORUS.**—Broncho-pulmonary catarrh, with dilatation, or fatty degeneration of the heart. Pneumonia ; dryness of air passages ; excoriated feeling in upper chest ; great weight on chest or tightness ; chest sore, bruised ; well-developed co-existing bronchitis ; hepatization, especially of lower half of right lung ; latter part of the period of deposit and early part of that of absorption. Capillary bronchitis. Pulmonary œdema. Pleuritis ; late stages ; heart dilated ; purulent infiltration. Threatened paralysis of lungs, prostration, viscid sweat ; small pulse ; face sunken ; rattling in the windpipe. Congestion to chest ; anxiety ; worse from any emotion ; cramp between the scapulæ.
- PHOSPHORIC ACID.**—Spasm in chest and diaphragm, sudden and unexpected, must sit back.
- PLUMBUM.**—Suppuration of lungs. Circumscribed pulmonary mortification ; also cheesy pneumonia.
- PODOPHYLLUM.**—Catarrh of chest during dentition.
- PSORINUM.**—Phthisis pulmonalis. Hydrothorax. Chest symptoms better lying down.

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FRANK KRAFT, M.D., EDITOR.

NOT one word about diphtheria. Not one derogatory suggestion touching the high potency. Not so much as a whisper concerning psora, and sycosis, and bacilli, aweseptics, and Koch. Not one effort made to take the "rags off the bush." Not even an echo of last year's work from the artificers in scientific medicine. Not one single complaint of the voluminousness of our materia medica, and its necessary corollary : to cut it down ! And yet notwithstanding all these absences, in fact, in despite thereof, The New York State Homœopathic Medical Society held its fortieth semi-annual session at Buffalo, the past month, and approved it to be "one of the finest" of the many of its long line of predecessors. From the moment that F. Parke Lewis rapped to order in the Association Hall, until the moving in final adjournment, the session was one of success, not alone socially, but as well homœopathically. It was a delightful sensation, that of attending a State Homœopathic Society, presided over by a cool, reflective, homœopathic head, attended by and partaken of by homœopathic practitioners, who unanimously joined the president in calling to wager-of-battle the hosts of the old school. No longer content to turn the scriptural "other cheek" for unnecessary smittings. Now the text was from Ecclesiastes : "Whatsoever thy hand findeth to do, do it," etc. Everybody united in making this a successful meeting. And it was.

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A LITTLE temporary diversion was occasioned by Bro. Brayton's injudicious winding up of his *salix nigra* case : here he forgot his naturally evenly balanced manner and lapsed into a bit of burlesque of the horse that carried him safe out of battle. Everybody knows Bro. Brayton ; and everybody said it was Brayton's little harmless joke, which he would be ashamed to have appear in cold type. This also we believe. The presidential address was a master bit of realistic poesy ; it was prepared with much care, bristling with facts and figures condemnatory of the evil practices of our misguided cousin of the old school. Strike it, however gently, at any point, and it gave forth the music of the true metal. His definition of homœopathy was, and continues, a jewel of directness and explicitness. His adjuration to take on the aggressive was free of all bombast, and was received with enthusiasm. Bro. Couch, of the committee to consider the address, flatly declined to go into any committee unless of the whole, in which he was joined by his colleagues, for he felt the needlessness of any special committee. He reported at once, wrested the gavel from

the chairman,—that is, put the motion,—and characterized the address in terms of great praise,—as we have already intimated,—and thanked its author.

* *

FROM the very first moment of the gathering of the clans [the various County Societies] there prevailed an air of rare old-fashioned *camaraderie*; this good-fellowship materialized in the discussions, and crystallized in the reception tendered the State Society by the Erie County Society. This likewise was a delightful evidence of tact and management. The visitor within our gates felt himself to be at home. Toasts were given and responded to by eminent men in our profession, and it was nearer two o'clock than midnight when the clergyman closed his little exposé of what may be predicated a law of anything. Almost he spoiled the feast; but not quite; he recovered his balance, and all went merry, etc. Kinne spoke to the Future of Homœopathy, as only our genial and popular Institute President can respond. The poet of our profession, Helmuth—. But what's the use of trying to tell how he delivered him of his poem, and how he was the *lion* of the evening. No one begrudges the laurel wreath entwined about his classic brow. Schneider told how homœopathy had modified surgery. Biggar was in his element, "as follows," telling apropos stories and drawing eloquent word-pictures of Yosemite.

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THE "calamity" editor, sitting at our elbow, insists that the meeting was not a success, because there was no *materia medica*. True, this, but in part only; for did we not learn incidentally—not in any formal bureau fashion, of course—that elaterium 3d. given constitutionally, was "good" for neurotic or neuralgic dysmenorrhea? And that that other well-known and well-proven homœopathic remedy, pilocarpine, will almost restore the moribund—though not quite. Didn't Bro. Blighton speak kindly of magnesia phos. 200, giving proper credit to the editor of the *Advance*? Was not each of the proponents—of elaterium, of pilocarpine, and of magnesia phos.—caused to feel a sense of satisfaction for having advanced the Cause, and borne loyal testimony to the superiority of homœopathy? Aye, verily! There was *materia medica*. Neither obstetrics nor pedology were represented, except by title. Yet throughout the session there was an unmistakable preponderance of homœopathy. As President Kinne said in his response to the invitation to take place on the platform, "New York State leads in homœopathy, and as goes New York, so goes the country."

* *

WHAT is there about the American audience which makes it rude and unmannerly when music is being rendered by choir or orchestra? Why should this be a signal for instantly engaging in loud conversation and boisterous mirth? So also in reading a paper before a learned society, the chances are decidedly against the entire audience listening or even remaining decently quiet during the reading. An author who has taken up his time to rehearse his experience for the benefit of others, is entitled to the protection of the gavel, and if the gavel remains silent, and the audience keeps noisy, it is the manifest duty of

the reader to stop reading and resume his seat, quietly putting his paper in his pocket.

* *

THE query is pertinent at this juncture: What is the need for a new society to be called the Homœopathic Surgeons of the United States? Such an effort was partly launched at Buffalo during the State Society meeting, participated in by a dozen, more or less, of attending surgeons; but the suggestion being finally made touching the probable relation of the proposed new surgical society to the American Institute of Homœopathy, the meeting adjourned with a recommendation that definite action be deferred until the next session of the Institute. It won't do, gentlemen! The Institute covers every inch of your proposed ground. Have a care, Messieurs les Chirurgiens, how you countenance this scheme; it is just barely possible that some one has a fight with the Institute, and is endeavoring to convince the remainder of the foxes that tails are needless and cumbersome appendages. There is a mailed hand under this velvet glove. Don't break the chain which holds the Institute firmly bounden; if surgery may have leave to start a little Institute all by itself, then there is no longer a reason for an American Institute. Find, first, what Macchiavelian scheme lies hid beneath this outer semblance of rugged honesty. Your first duty is to the American Institute.

* *

DR. SOLOMON SOLIS COHEN reviews (in *The Medical News*) Prof. Mack's "Philosophy and Homœopathy." We have twice carefully read through the critique and feel confident that it would take a half dozen or more readings before our bewildered intellect could grasp the situation. Dr. Cohen carefully sets up a number of straw men and then deliberately knocks them down. He is to be commended for his evident fairness, his temperate and gentlemanly language, and the careful study he seems to have given to the subject.

* *

BUT he is far from understanding the *genius* of Homœopathy. It is quite probable that a reduction of the tenets of Homœopathy to a philosophical basis, to be bandied about shuttlecock fashion by two learned disputants, both proves and disproves the points assumed and defended. This is certainly very true of the religion of the Christ. Gibbon tells us of many instances where the early Christians suffered more from the excess of zeal of those in Christian authority than from the policy of the emperors. Hahnemann anticipated this very difficulty, and while he gives an explanation of his belief he very earnestly cautions his followers not to attach much importance to any hypothesis. Prof. Mack is a foeman worthy Dr. Cohen's steel; but it is always a question whether debates between men of this caliber of intellect, and upon a theme that is and is not debatable, add aught to, or take from, the practical value of homœopathy.

* *

THE measure by which homœopathy, like religion, must be judged, is its practical application to everyday life. It is not theology which saves or makes better men and women; it is not philosophy which wins over a whole street-full of families. The philosophy of

homœopathy, alike to several of the ancient philosophers', may and doubtlessly will change and accommodate itself to the then existing current of belief ; but the practice of homœopathy is immutable ; as it was yesterday, so it is to-day, and will continue to-morrow. Philosophy controverteth ; practice maketh whole.

THE OPEN COURT.

—MULLEIN IN PULMONARY CONSUMPTION.—Throughout Ireland, from time immemorial, the great mullein has been a trusted popular remedy for the cure of pulmonary consumption. Advertisements constantly appear in the Irish newspapers offering it for sale ; and this in obedience to a steady demand by the consumptive for its supply. The old Irish method of administering the mullein is to place an ounce of the dried leaves, or nearly twice as much of the fresh leaves, in a pint of milk, which is then boiled for ten minutes and strained. This fluid is then given warm to the patient twice a day, with or without sugar ; and it undoubtedly palliates the worst symptoms even in advanced cases, whilst leading to an increase of weight. Likewise, the dried leaves of the mullein plant, if smoked in an ordinary tobacco pipe, will completely control the hacking cough of consumption.—*W. T. Fernie, M. D., "Influenza and Colds."*

—BOYCOTTING IS NOT A HOMŒOPATHIC WEAPON.—The August number of the *North American Journal of Homœopathy* contains a peculiarly framed remonstrance and recommendation from our ancient friend VINDEK ; this is no less than advising that the twelve thousand homœopathic physicians place a boycott on publications emanating from the house which prints and publishes *The Medical News*. Of a certainty, this recommendation could not have found place in the *North American* had Bro. Dillow been at its helm—as he probably was at the helm of the vessel carrying him home from Europe. The advice is absolutely un-American. Why should Lea Brothers & Co., one of the oldest, best established, and among the most reputable publishing houses of the United States, be boycotted ? Why, because, says VINDEK, Dr. Gould, an editor of ONE of the Lea Brothers' publications, has shown his ass's ears and brayed overly loud. Cannot Dr. Gould show his asinine aspect without exciting a similar condition in VINDEK ? There should be the utmost freedom of speech in journals as well as in daily papers. That old school critic who assailed the *Philadelphia Inquirer* for publishing the Institute proceedings, must needs have a rival in our school in VINDEK, who objects to an old school journal criticising homœopathy. What are the old school journals for, anyway ? If Dr. Gould felt so hard hit because of the manifest success of the Atlantic City meet, that he must needs cry out in a loud voice, why not let him have all the rope he wants, and go hang himself ? Such record-break-

ing language as is used by Gould in describing homœopathy will more likely disgust the better class of his subscribers, and the matter will be brought home to him in a far more emphatic way than if it were possible to drive twelve thousand intelligent physicians from a reliable bookhouse to a rival concern around the corner, and all because *one* man, in the employ of the first-named firm, dares talk and write what he thinks. How does VINDEX expect to vindicate the honor of homœopathy? Why, evidently, thus: If the twelve thousand physicians declare a boycott on Lea Brothers & Co., then: *First.* Lea Brothers & Co. will dismiss Dr. Gould as editor; that will shut *his* mouth. *Second.* The dread of other boycotts will forever tie up the pens and cork the inkstands of the remaining old school editors and contributors; and *Third.* Homœopathy will be triumphant and the millenium will be at hand. Dr. Gould ought to be ashamed of himself for his intemperate language, and should apologize to the profession of MEDICINE for his blackguard attack on something he doesn't understand any more than a scientific homœopath understands the high potency; but the royal family, foster-brother, whipping-in system is not in vogue in this country. If the Bogardus kicker must be oiled and set in motion to appease the vindictive VINDEX, let the proper anatomy be bared for its sturdy blows. But, to speak plainly, we rather stand up for Dr. Gould; not because he attacked homœopathy, but because he had the courage of his convictions. Notwithstanding the boycott preached the profession will continue to buy its books, as each individual member buys his bread, in such place as will furnish the largest and best loaf for the least money. Away with the boycott! Let VINDEX beat his stiletto into a Gillott No. 404, and break Gould's back with a few pregnant facts, as Gatchell did with that other old school penman.

THE FUTURE OF HOMŒOPATHY.*

By THEODORE Y. KINNE, M. D.,

President of the American Institute of Homœopathy.

ONE theme that has been assigned to me just now by the master of ceremonies is one which when I contemplate seems far beyond my thought. To do it justice, to even see it in its just proportions, would require more than the clarifying eyesight of a Lewis; it would require to paint its features more than the deft hand and skillful touch of a Lee; to sound its depths would go beyond the scientific acuteness of a Couch; it would tax to the utmost the fertile and matchless poesy

* A toast at the banquet tendered the New York State Homœopathic Medical Society, at Buffalo, 1891.

of friend Helmuth ; and to record the future of homœopathy would require a far more extended work than the Cyclopedia of Bro. Allen of New York [applause], and only the pen of the recording angel could write a record of the heroic deeds of self sacrifice on the part of those who are now building up homœopathy and to make this future promise what we all believe it shall be. I think there is an enterprising firm in Rochester, advertising quite extensively, and wherever you see their name you always find this legend : "You press the button and we will do the rest." All I can do is to give you simply a flash picture of the future of homœopathy. You in your varied spheres and localities, whether in hamlet in country or in city, must develop this negative and bring it out to those who are around you in all its light, its integrity, and its clearness. An eminent statesman once said he knew of no way of judging the future but by the past ; and so I must judge of the future of homœopathy and we must touch upon its past and present status.

Less than a century ago it sought a foothold in this land ; it acquired that foothold and it was found that homœopathy had come here to stay, and we were told for years it was dying—it was dying ; if we take the language of physiology it is true ; for if every seven years the constituents of our bodies change and we become new men and new women, then homœopathy is dying. It has now had seventy-five years of its existence in this country ; it began as one man, and it is dying until now there are 14,000 in this country practising homœopathy. It has now, from having simply asked a foothold in this country at first, become an army of occupation ; it has intrenched itself to such an extent that no power can drive it out save the weakness of its own adherents. Nothing else. Homœopathy now is in a transition state in this country. It was an army of occupation ; from this time forth, my brethren and sisters, it has to become an army of aggression [applause]. No more do we stand upon the defensive, but we propose to move out of our strongholds upon the enemy's works. We stand in this country to-day where we can demand our rights. Our people, our clients, our patrons, will uphold us in demanding our rights before the law. I know of but one watchword for this army of homœopathy in this country to-night—a word that was sent down on the Mississippi River once by one of our generals when demanding capitulation : "I propose to move immediately upon your works."

The sentiment that came with this toast I want to refer to for one instance : "The universal acceptance of this law will tend to abrogate all sects in medicine." That is an axiom, friends. I never saw any people, however great they might be in numbers, but that all differences were abolished if they agreed with me. [Laughter.] You accept the universality of the law of homœopathy and there will be no sect in medicine. That does not require demonstration at all. But, you say, why

should this law be universally accepted ? The simplest reason in the world : it is the only system of medicine that is based upon the law, and that law is founded upon an eternal truth, and so long as truth shall endure that law will remain, and we who believe in that law, who practice in accordance with that law, must necessarily, as truth is eternal, bring all men to our ways of thinking. Some of them may come, like Nicodemus, by night time, learning the truth of the new work ; some of them, like the man who received his sight, will fall down at the feet of this truth and worship it in public ; but I tell you, sooner or later the universality of this law must be recognized. Am I too enthusiastic ? It is because I believe in the cause of homœopathy, the cause than which none in this world is nobler or grander, save possibly that one culminating on Calvary, and which has for its creed the Fatherhood of God and the Brotherhood of Man [applause]. What is our future to be ? That depends upon you. I say, without fear of contradiction from anyone in my hearing, that you only live because of the future. Why are you here to-night ? Why have you partaken of this elegant repast to-night ? It is for the future. It is to keep you up for what may be before you. [Laughter.] We only exist for the future ; we are only good in proportion as we do something for those who may come after us. The future of homœopathy depends upon you and upon me.

I want to say a word to the New York State Homœopathic Medical Society. In a great measure the progress of homœopathy depends upon the action of homœopathic physicians of the State of New York ; one-tenth of the homœopathic physicians in the United States of America reside within the limits of the Empire State. I say it without invidious comparisons that the New York State Homœopathic Medical Society is the most powerful State Society in this Union. You hold a position such as none other can hold. I don't say that you deserve it. [Laughter.] I don't say that you earned it. I reckon some of you inherited it. But whatever the New York State Homœopathic Medical Society does, that work will furnish the keynote for the other State Societies ; and what the various State Societies do will furnish the watchword for the American Institute of Homœopathy. This Institute is to-day the oldest national organization in this country, and the most powerful organization in the world, for two reasons : one is that it has for its foundation a truth such as no other organization has ; and, secondly, in proportion to its numbers, it has just as much brains. I might add a third reason ; that there is not another organization in this country that can equal it for its charity to those who differ with it in their belief in the practice of medicine.

But we have a work to do. God knows there is misery, and suffering enough in this world to furnish work for all our hands, to wring the tears from all our hearts, to occupy the strength of all our minds, with-

out spending a moment in bickerings ; without stopping for an instant to combat the slurs that may be cast upon us by those who are outside of us. We have something higher and better to do than all that, and that is, the carrying of the truth in our principles and our practice to those who stand in need of our help. A noted divine of New York once said, in reply to the expostulations of some of his friends, because he did not come out and contradict some of the slanders against himself : " I was going up the Hudson River on an express train, and as we passed a farmhouse out ran a little yellow dog and barked at the train ; did that express train stop because of that bark ? Not a bit of it."

Brethren, sisters, go straight forward in the line you are proceeding now ; turn neither to the right nor to the left, nor waste a moment of time to answer anything that may come to you in the way of villification of our school of practice. You may always expect the bark ; or, as a good old darky preacher once said, when talking about something that had been said of him : " Beloved brethren, where do you always find the sticks and stones ? It is always under the good fruit trees. They never throw sticks and stones at a crab tree." No man can tell what the future of homœopathy shall be. You are sowing seed, the fruition of which shall, for generations to come, bring forth rich harvests for those who are to come after you. You carry out with you from this meeting, into your varied haunts and lots in life, that which shall cheer and upbuild human kind ; that which shall cure its diseases, that shall bring comfort to its homes and solace to its dying hours, that shall help to provide for their children that shall come after them. That is your duty, and God will take care of the rest. You shall fall at your post of duty, I shall fall at mine, and yet he who records every good deed done, will write it down there in the book of his remembrance. The growth of homœopathy, when I think of it, it seems to me, is like unto the stream of water that the prophet Ezekiel saw flowing from under the throne, at first ankle deep, then waist deep, then it touched his heart, then it became a flood which no man could pass over.

Homœopathy has now reached the hearts of the people, and with your help and with my help it will become a flood that will bear upon its bosom all the ills that mankind is heir to. Then the consciousness will come to you, when you leave this world, of a duty well done, and as you stand upon that sea of glass beyond, after we have passed over the river of life, then, and then only, can we know what the future of homœopathy shall be ; for, from this world to the next, it grows and grows, until it fills the whole earth, and when we reach the other side we will find there him who was the author of the eternal truth which we profess, and which we, by his help, are endeavoring faithfully and honestly to practice. [Applause.]

OPINIONS OF HOMŒOPATHIC EDITORS.

[Written for the AMERICAN HOMŒOPATHIST.]

GOLDEN TEXT: The better teaching of Homœopathy.

AS I understand it, the only *raison d'être* of homœopathic medical colleges is the simple fact that homœopathy is not taught elsewhere. Homœopathy is a vast and important specialty in therapeutics; its resources are as yet probably only partially developed; it is not a simple thing to be mastered in a few weeks of study; and the laity demand that colleges exist wherein intelligent instruction in this specialty may be obtained. Therefore, in such institutions, the origin of homœopathy, its development, its history, its principles, *drug pathogenesis*, homœopathic pharmaceutics, and the theoretical and practical application of homœopathic principles in the treatment of the sick, should form the peculiar features in the course of study. But, as I see it, it is the imperative *duty of all* medical colleges to furnish educated *physicians* to the community. Homœopathic colleges should furnish educated physicians who are specialists in drug pathogenesis and therapeutics. It is an absolute prerequisite, however, that as *physicians* they shall be thoroughly grounded in anatomy, physiology, diagnosis, pathology; in fact, in everything pertaining to medicine and surgery. The needs of the homœopathic physician are certainly in no degree less than those of his colleagues who practice traditional medicine, therefore he should in all things be as well equipped.

Which is all to say that homœopathic medical colleges, while neglecting nothing that may be considered essential to the useful, educated, "all 'round" physician, should give special instruction in things homœopathic—that is, in drug action, pathogenetic and therapeutic.

The matter referred to by you of the prominence given in our college announcements to the adequate teaching of surgery, gynecology, obstetrics, dietetics, etc., and accompanying clinical opportunities, is explicable by the fact that the teaching of *homœopathy* in a homœopathic college is taken for granted in the outside world, while the teaching of the many other things which go to make a competent practitioner is frequently challenged and denied.

J. P. SUTHERLAND, M. D.,

Editor of the *New England Medical Gazette*.

If there be anything distinctive and differentiating in our school of practice, anything peculiarly and characteristically our own, anything by which we differ radically from the other systems of medicine, it is our ability, by the aid of therapeutic law, to cure many organic lesions which, under all other methods of treatments, are relegated to the knife. In other words, it is homœopathy that distinguishes, or ought to distin-

guish, our school from all others. To our law of cure we are indebted for our brilliant record, as well in the acute and fatal epidemics of Asiatic cholera and yellow fever, as in the long list of obstinate chronic maladies pronounced incurable by other systems of practice. Yet, to be honest with ourselves, can this distinguishing feature of our school be distinguished in our college announcements? Do our colleges vie with each other in their appeal to the profession for support on their *materia medica* record, or on the number of the major operations in surgery, gynecology, ophthalmology, and all the other ologies, thinking the profession will take it for granted that homœopathy will be taught in a homœopathic college? We would not deprive any other chair of one jot or tittle of its present high standard; but we would raise the standard of *materia medica* to the first rank, a position justified by its vital importance in our future progress. The announcements of too many of our colleges appeal in fervid language for patronage on the large number of its surgical and other operations, to the clinical and hospital advantages of the past, and the increased facilities for the future; but rarely because of its superior advantages to the student in mastering and applying our remedial agents—because of the homœopathy it teaches; without which it might as well close its doors.

We know that our students are as well grounded in all the branches of a medical education, especially the practical ones, as they can be in the best allopathic colleges in Europe or America; but in our therapeutics they should be very much more thorough, for very much more is dependent upon it. It is to their knowledge of the *materia medica*, and their ability to apply it, that their individual success, and consequently the success of the school, depends; hence no efforts to master it successfully can be trusted to chance. Here is a case in point; one of many in which the *similimum* skillfully applied has conquered, when the knife in the hands of the ablest surgeons, even homœopathic surgeons, failed.

Geo. S., a healthy, dark complexioned, young Canadian Frenchman, had his right foot partly crushed by a railway train, while heroically saving the life of another person. He snatched the rescued party from the track in front of the locomotive, but could not entirely free himself. November 13, 1885, he was taken to the Toronto General Hospital. He next entered Bellevue Hospital, then the New York Hospital, then Bellevue a second time, then a homœopathic hospital, until thirteen principal, and four minor, operations had been performed; but the stump would not heal, though the rules of so-called antiseptic surgery—the bichloride douche, antiseptic gauze, iodoform, etc., had been strictly adhered to. Under the influence of Fluoric acid 200, the constitutional impediment to the healing of the stump was removed, and the much amputated leg was soon well and remained well. Such homœ-

opathic prescribing would not only save limbs, but lives, and soon render our school invincible.

H. C. ALLEN, M. D.,
Editor *Medical Advance*.

One of the most remarkable phenomena connected with the growth of the homœopathic school of medicine is the seeming pains taken by many of its avowed practitioners to pervert it. Here is a principle of treatment based upon a natural law (which for all practical purposes may be said to be newly discovered), which has been clearly defined, made practical, put into operation, its results duly recorded and perfect agreement obtained between the expectations afforded by its application on the one hand and the actual experiences of its practical operation on the other.

The most marvelous cures have been achieved by it through its faithful application by painstaking masters of the cause, who obtained their instruction directly from the founder himself.

Yet in the face of these things a set of practitioners has arisen who decline to accept the principle in its entirety, and not only pervert it in their own practice but seek to teach this perversion to the rising generation of medical men.

In the Middle Ages scientific advancement depended upon speculation. Men evolved theories of the nature of the natural phenomena around them out of their "inner consciousness," aided by a few observed phenomena accidentally coming under their notice. Upon these data they constructed elaborate and grotesque theories, utterly at variance with the truth, and then proceeded to teach these theories in the schools. They divided into opposition parties upon the details of these theories and fought with great bitterness. Under such circumstances the advancement of scientific knowledge was very slow. Not until they had realized that speculation would never lead them to knowledge did they abandon it for pure experiment. The "single question addressed to nature," through the medium of suitable apparatus; the cross-questioning of nature by variations in the experiment; meanwhile putting aside utterly all preconceived theories and speculations, at last brought intelligent answers. Such were the experiments of Sir Isaac Newton with the triangular prism upon the nature of light; the experiments of Otto Von Guericke with the air-pump; those of Torricelli upon the mercurial column supplemented by those of Blaise Pascal in showing its value as a barometer; the investigations of Thomas Young upon the nature of light; the investigations of Dr. Wells upon the formation of dew, and the brilliant work of Sir Humphrey Davy which gave us the alkaline and earthy metals. This is the much talked-of "inductive method"; and to it science owes all its present magnificent advance-

ment. But this method did not get its firm footing until almost the dawn of this century. One of its earliest and greatest apostles was Sir Isaac Newton. From his day it has made steady progress until the discovery of the alkaline metals by Sir Humphrey Davy in 1807, from which time its complete establishment seems to date. Since then science has presented one continued and brilliant panorama of wonderful discoveries and inventions.

At the very time when the inductive method had thus become firmly established, Hahnemann, pursuing precisely the same method of the other great scientific lights,—namely, rigid experiment, uninfluenced by any previous conceptions (in short the inductive method),—arrived at his conclusions as to the existence of a fixed law of therapeutics. The details by which that law was made practical followed naturally as the result of further experiment. The whole was proved by the later experience of brilliant cures. The steps by which a conclusion was reached as to the undulatory nature of light, or that alkalies and alkaline earths were oxides of hitherto unknown metals, were not any more scientific, any more logical, any more progressive and certain in practical result, than were those of Hahnemann by which he arrived at his discovery of the true method of healing the sick. Indeed, his procedures were exactly parallel with those of his distinguished contemporaries, and his work had as much to do with establishing the era for the inductive method as had theirs. Yet in the face of the manifestly scientific method pursued by Hahnemann, his work was rejected and he was persecuted. Since his day a multitude of professed disciples has followed in his wake, whose only thought is how to nullify and obscure these results because they do not agree with their preconceived notions. Their judgment in the matter is exactly on the line of the Middle Age philosophers—the alchemists and adherents of the warring “schools,” whose legacy to posterity is a series of blunders. Thus our modern homœopathists unconsciously proclaim their ignorance of the mechanism upon which scientific advancement proceeds—the oft-quoted inductive method.

Thus, some advise that the Organon should be given “not perhaps to the student, but only to the earnest, educated practitioner.” A more insinuating, hypocritical speech, designed to prevent the knowledge of Hahnemann’s methods from coming to the beginner in medicine, could hardly be devised.

Another would divide all Hahnemann’s teachings into two great classes: the “*certis*” and the “*dubius*.” According to this scheme, there is only one *certis*, and that is the formula of *Similia*; all the rest is *dubius*, and, therefore, to be rejected. Inasmuch as the *certis*, the principle of the similars, is not, according to this scheme, a law, but only a rule, the license to open wide the door into the domain of old school therapeutics, to its rationalism, its speculation, its empiricism, and its

theorizing, is thus given, and the result is a nullification of homœopathy so complete that it must ultimately be stamped out as a means of medical treatment.

What is the plain inference from this mode of thought? Why, that we homœopathists are ignorant of the means by which science has advanced; that we are ignorant of the great difference that exists between the old and the new method of scientific research; that we are ignorant of the deep significance of the new method; that we fail to realize the genius of Hahnemann, and how familiar he was with the current of scientific thought of his day, abundantly shown by his applying the new method to medicine, and so bringing out results as brilliant and as lasting as any in physical science, and that, too, contemporaneously with them.

More and more, this false teaching of homœopathy has spread; a greater number of practitioners has come out, who have false impressions of what it is that they are practicing, until one of those largely instrumental in spreading the perverted teachings—a professor in a college—has been heard boldly to proclaim that it would be impossible to declare *what* homœopathy is, because you cannot get any two practitioners to agree upon a definition of it!

Where does the responsibility lie for the spread of this false instruction? I answer, *with the colleges*. Few of them teach anything of pure homœopathy, because that would exclude so much of the theories of the old school; their germ theory, seriously doubted by some of the most eminent of them; many of their operative proceedings with their array of ingenious instruments; their glittering, but superficial, generalizations; and the weight of their "authority" for what is nothing but empiricism.

All this is too attractive to the eyes of most of our professors—wanting as they are in perception of the really scientific character of Hahnemann's discoveries. So they engage in a hopeless competition with the old school in efforts to teach gynecology, ophthalmology, and all the other *ologies* of the allopathic curriculum, and the teachings of homœopathy, for which they were avowedly constituted, is conspicuously neglected.

The effect of this policy in deteriorating the character of the homœopathic prescribing of the graduates; in breaking the faith of the public in the value of the method; in furnishing weapons of attack to our enemy, the dominant school; in lowering the moral plane upon which we stand, is enormous. We must all feel it, disguise it how we may. Perhaps, when the damage is irretrievable, steps toward reform will be made. But then it will be too late. Little by little, by the slow process of evolution, the old school is discovering one after another of the homœopathic principles and applying them. The day will come when

they will have grasped the whole philosophy, and the illustrious name of Hahnemann will be engulfed in oblivion.

WALTER M. JAMES, M. D.,

Editor *Homœopathic Physician*.

I notice that the onward sweep of progress is bringing into the curriculum of nearly all of the homœopathic medical colleges, a great variety of new and important fields of instruction. This fact is pleasant to contemplate. It assures a waiting and suffering public that a graduate of the modern college of the new system is *en rapport* with the advancing times. It indicates that the young homœopathic physician is not necessarily compelled to pass his surgical cases, gynecological patients, and those of like ilk, over to the tender mercies of his old-school contemporary, but he treats them successfully and happily in his own field. This course is greatly to be desired; the public demands it; and this wide range of instruction has come to stay.

But, is it not true that we expect to accomplish too much in the few months devoted to the college course? Extreme diffusiveness is the bane of modern educational systems, medical, scientific, technological, and literary. During the early period of dawning civilization, the student could easily and rapidly acquire a knowledge of all that was then taught! But now, how useless would be such an attempt. The fundamental principles of an art or science should receive the very closest attention. After a suitable time, personal experience should be supplemented by the post-graduate course. In this way, a course of the widest range may be of the greatest benefit.

Homœopathy, in my belief, is the science of therapeutics. It rests firmly on, and absolutely depends upon a positive knowledge of the fundamental branches of medical study, among which I will mention anatomy, physiology, pathology, pharmacology, materia medica, and chemistry. Now, if any educational course be adopted, which in the least degree interferes with these to any extent, that course is to be deplored. Such a diffusive college experience as comes from the extensive curriculum now advertised, will not make a specialist of any student; he will either be a shallow generalizer, or at most a fractional doctor.

Let every student, therefore, who enters our ranks, first become a thorough homœopathic physician, in all that the name implies, and then let him specialize in such directions as his natural aptitude, opportunities, and necessities may indicate.

Let nothing remove or deface the two landmarks of homœopathy—materia medica and therapeutics.

EUGENE F. STORKE, M. D.,

Editor *Medical Current*.

ANOTHER GIVEN-UP CASE.

By W. G. MACMAHON, M. D.

THE case so graphically described by Dr. Kraft in the paper read before the Ohio Homœopathic Medical Society, and published in the *AMERICAN HOMŒOPATHIST* for September, entitled "An Anomalous Case," etc., is very interesting, and reminds me very much of a fraction of my own personal history. When about four years old, by some mismanagement, I was allowed to contract a cold just at convalescence of a severe case of mumps. As a result paralysis of the lower limbs was a sequela, commencing at the ankles and going upward. Dr. Meigs, the elder, was our family physician. For six months he exerted his skill ; but the trouble grew worse, until by this time I had entirely lost the use of my lower limbs. The doctor declared he could do no more for me, and it was only a question of a few weeks, or months at most, when this paralytic condition would extend into my body, and thus end all the trouble—mine included ; that he would not call again at present, and if he was needed to send for him. At this juncture father was persuaded by a friend to call in Dr. Williamson, who was one of the fathers in homœopathy in this city forty years ago. After examining me carefully, Dr. Williamson said that if Dr. Meigs had given me up, certainly all had been done for me that the old school could do. He was not going to make any rash promises, but he had seen homœopathy do some wonderful things ; if it was wished, he would see what could be done. The outcome of his treatment was, that in six weeks he had me learning again to walk by the aid of chairs ; and in six months I was completely cured.

After Dr. Williamson had been treating me for six weeks, Dr. Meigs stopped in to see why he had not heard of my death. Upon seeing me using my legs in attempting to walk by holding on to chairs, he exclaimed to my grandmother, "Why, Jane, how's this ? I thought the boy would have been dead before this. What have you been doing ?" My grandmother replied that she had not been doing anything ; but that father had brought in "that sugar pill man from Eleventh and Filbert streets, and he has been feeding him with sugar pills for six weeks." Dr. Meigs laughed heartily, and then said to my grandmother, "Jane, you and I are getting old, but we are never too old to learn ; I learn something every day. Now I see where we make a mistake. I was giving this boy too much medicine, and was not giving it time to act. While this man Williamson has been amusing him with his sugar plums, my medicine has had time to act, and the boy is getting well !"

NO. 1514 NORTH TWENTIETH STREET,
PHILADELPHIA, PA.

"GAUDEAMUS IGITUR"*

By Prof. W. T. HELMUTH, of the United States.

'Tis midnight now, and curious thoughts are weaving
Mysterious spells athwart my dreamy mind,
Which drowsily is in the distance leaving
The world, the joys, the follies of mankind.
And as I ponder o'er the mighty past,
With ghastly memories my spirits teem ;
Now forms grotesque are rushing o'er me fast,
And fairies come to lull me to a dream.

'Tis not a dream of love, as Dido fain
Would pray to rest upon her anxious brain,
When faithless son of old Anchises swore
Eternal friendship and then fled her shore.
Nor such an one as CEnone, whose charms
Awhile brought faithless Paris to her arms,
Would raptured wake from and would wailing cry.
"Many-fountained Ida, harken ere I die,"
'Tis not a dream of horror, crime, or blood,
As told of Aram by the poet Hood,
But one in which compounders of new pills
Doctors for patients making monstrous bills,
Female physicians, literary hacks,
Charlatans, empirics, regulars, and quacks,
A wild, incongruous, and motley mass
Stand by to see a grand procession pass.

A youth moves forward, bearing proud on high
A torch of "Bark" and "Pitch of Burgundy,"
While in "Ethereal" air from founts obscured,
With golden spouts "Ol Terebinth" is poured,
Which ceaseless streaming on the flickering fire,
Creates new brightness, never to expire.

Then there appears Old Chiron in the van ;
Medicine's instructor—partly horse, part man.
His noble front is bound with leaves of fig ;
His locks annointed with "Ol Croton Tig."
With vig'rous tail he slays the flies that tease,
While imps of "Sheepskin" shout "Cantharides."

His pupil next, great "Æsculapius," see,
With grace sublime, he sips strong "Catnip tea."
His daughter, "Hygeia," near, with tresses loose,
Divides her time 'twixt "Apple Sauce and Goose."
While "Shining Mercury" o'erhead doth flit,
Bearing his son in arms, pale "Chloride Mit."
But, oh ! what grace, what dignity is seen
In "Galen's" bearing as he moves supreme.
One mighty arm supports "a pail of tin,"
With "Lime" and "aqua pura" mixed therein ;
While on his shoulder rests a "sculptured hod,"
Rich with "six livers from a single cod."
And thus prepared, he joins with master art,
Those structures fair, disease has torn apart.

"Four patent legs" a "flax-seed cushion" bear,
On which there rests "a carbuncle" most rare,

* Given at the banquet of the Erie County Society to the New York State Homoeopathic Medical Society, Buffalo, 1891.

The gem a dragon guards with iron teeth,
"Noli me tangere," the motto 'neath.
In solemn state "a hundred donkeys" pass,
Laden with "Tumors well preserved in glass";
A Hottentot, with setons in his ears,
Bearing Koch's Dead Tuberculine appears.
The tubes are covered with a somber pall
On which is written "He hath fooled us all."
Ten tottering graybeards tote a tin petard
Inscribed "Catholicon of Brown Sequard."
They chant this song in tones of deep regret
"We've taken tons but haven't got there yet."
But lords supreme of all who move before,
The doctors come, the heroes we adore;
Ancient sarcophagi, incased with dust,
With old traditions filled and moist with must;
Their chariots form; the glowing wheels of brass
Creating deafening thunder as they pass.

Then over all falls deep Cimmerian gloom
And I behold the yawnings of a tomb,
So vast in size, mine eyes can scarcely see
The full extent of its capacity;
The whole procession, with convulsive din,
Wavers a moment, and at once falls in;
While from the earth, the air, the skies,
Clad in the draperies of Truth, arise
A host of men, true, honest, strong, and brave,
Who close the sepulcher and seal the grave.
And then I see, in new effulgence bright,
A Buffalo reporter here to-night.
I cry aloud, "Oh! Paragon of truth,
What awful accident is this forsooth?"
He smiles and says, "It is (my words are true)
The burial of the Old School by the New."

I woke and thought—this may be only fun!
But, 'pon my word, the thing is almost done.

THE RELIABILITY OF SYMPTOMS IN THE CONCORDANCE REPERTORY.

By WILLIAM D. GENTRY, M. D.

LETTERS are frequently received by the author of the "Concordance Repertory" similar to the following:

"I have your Concordance Repertory and think there is nothing equal to it, if it be true. There is a charm and a pleasure in prescribing from your work, if we can only get results. However, I am not doubting its authenticity, but fail in some instances to get the desired effect. Now, I want to ask you these questions:

"1. What potency or dilution do you use in your general practice, as applied to the Concordance?

"2. If the exact drug is selected for the symptoms, will the single dose be sufficient?"

The following is Dr. Gentry's answer to the above, which is published for the benefit and information of all:

"Before compiling the Concordance Repertory, I selected all symp-

toms which are generally regarded by a majority of authors as reliable, from all *materia medicas*, and from all reliable sources, society reports, journals, etc., which I have collected during the past twenty years. These symptoms were classified into sections and then concordance-ized. I was willing to accept them for my practice as reliable, and as a general thing have not been disappointed.

"The object of the Concordance was to enable anyone to find any given symptom at pleasure, and I presume you, and everyone else who has the work, will agree that my object in this respect has been accomplished. If one fails to obtain the desired effect, after giving the indicated remedy, as found in the Concordance, it is no evidence that the work is at fault, but it is either with the author of the formulated symptom, or the person who selected the symptom as the *similia* of that given by the patient.

"When prescribing for a patient, the physician should first consider the pathological condition of the patient; the idiosyncrasies, temperament, time of first attack, and of aggravation, hereditary tendency, etc. If this is done perfectly, or approximately perfect, and the remedy is selected according to the symptoms, conditions, and concomitants, there need be no doubt as to the results.

"Regarding potency. It would be wrong for me to fix the potency to be given in every case. I might as well attempt to indicate what faith and form of religion a physician should have and practice, as to indicate what potency or attenuation of medicine he should use. Each must determine such matters for himself, according to evidence and experience. I have found in my practice that some cases required very high, others not so high, and some very low. This is owing either to the nature of the individual or of the drug. Some individuals are by nature so susceptible to the influence of a drug that they cannot even inhale the air impregnated by its effluvia without being perceptibly affected by it. The presence or neighborhood of such drug may not be detected by others, and there may not be the least odor perceptible to others, yet the individual susceptible to its influence can readily detect its presence, and will be perceptibly and injuriously affected by its odor. And when such persons are sick from any disease, in a majority of cases the symptom produced will be noticeably similar to those produced by the drug, the very odor of which so easily effects the patient when well. In such case, the same remedy would be indicated, and any sensible person will see that it would be dangerous to give such a remedy very low, when even the person when well is made sick by its odor, and any quantity of the drug substance given when sick would aggravate the symptoms. Such remedy should be given to such individuals highly attenuated. And one dose in such cases will be frequently found sufficient. All individuals, even of the same class, are

not alike in drug or disease symptom tendency, any more than they are alike in personal appearance. While one individual of a given class may have an affinity for, or be readily susceptible to only one drug, another of the same class would possess such affinity or susceptibility for two or more drugs, or a drug belonging to the same class, or family of drugs, but of different species. The wise physician will pay attention to these matters, and be guided by them to a great extent in prescribing for a patient. When an individual exhibits clearly and unmistakably, when diseased, a symptom, or class of symptoms, such as would be produced by any given drug, and no other, that drug, and no other is indicated by the law of nature in an attenuated form, and the degree of attenuation must be in accordance with the virulence or degree of activity of the symptoms. The more plainly, unmistakably, and urgently the symptoms suggest the drug which would produce similar symptoms in a healthy organism, the higher should be the attenuation of the drug. I have found this to be generally the case, and that in such cases one dose is sometimes sufficient. There are drugs which will have no effect whatever, unless given in a low potency, or even in the mother tincture. There are others which will have no effect unless given in a high potency. The physician must use discretion in this matter.

"You ask : 'If the exact drug is selected for the symptom, will the single dose be sufficient?' In reply, I will say : Sometimes, but not in every case. When a high attenuation is called for, I give one dose, and wait for it to act, which is generally very quickly, if the right remedy ; then I let it act as long as it will. If it ceases to act before the case is cured, and the same symptom or symptoms exist in a less degree, I then give another dose ; but if there is a new symptom or symptoms developed, I immediately give the remedy indicated by the new development.

"I trust that you, and all others who have the Concordance, may continue to feel that 'there is a charm and a pleasure in prescribing' from my work, and that in no instance may you fail to obtain desired results."

CHICAGO, July 30, 1891.

SOCIETIES.

THE fortieth semi-annual meeting of the New York State Homœopathic Medical Society was held at Buffalo on September 15 and 16. The lecture room of the Y. M. C. A. was tastily draped in American colors, and pictures of Hahnemann, Hering, Gregg, and others of the departed brethren adorned the walls. Dr. F. Parke Lewis presided,

ably seconded by his efficient secretary, Dr. Jno. L. Moffatt. The meeting was remarkable for its amity on all usually disputative questions. There seemed to be a tacit agreement that this meeting should be a "banner" occasion. Eminent men in the profession attended and took part; among these were Helmuth [non-titular], Kinne, of the Institute, Biggar and Schneider, of Ohio, and others from a distance. The papers read were of an even merit and evoked discussion and criticism. Especially fine were the contributions to ophthalmology, otology, and laryngology.

The reception by the Erie County Society was a delightful occasion. The menu was ample, both as to materialis and mentalis. Couch made a splendid toast-master. A pleasant feature of the reception was the number of ladies who attended. A notable trio was that composed of Mrs. Dr. Cook, a delightful conversationalist; Mrs. Dr. Lewis, happy at repartee and fertile of new sentiments for the published toasts; and Mrs. Dr. Biggar, a graceful, charming, and most affable lady. These added an undoubted measure of value to the beauty and inspiration of the occasion.

For the rest the meeting was as of the wonted routine: papers were read, accepted, discussed, and referred. The most notable paper or address of the entire session was the Presidential Address.

NEW YORK SOCIETY GLOBULES.

Dr. H. WILLIS: [Strangulated hernia]. The patient, a Russian Jewess, aged about thirty, was thoroughly anæsthetized; an attempt was made to reduce the tumor. This failing, the parts were carefully washed and shaved, then a vertical incision was made three inches in length over the tumor through the skin, superficial, deep, and critriform fascia, to the sac; this was not opened, and should not be in this operation, unless there is reason to suspect that the gut has become gangrenous. The constriction, which was very tense, only admitting the finger nail between the sac and ring, was torn or scratched through with a groove director assisted by the nail. This has been my usual method, though sometimes I have used a dull, blunt-pointed bistoury. The sac was reduced and pushed up nearly a finger's length, a tent of marine lint was pushed in, a pad of the same was laid in the wound and held in place by the usual bandage. This has been my treatment in nearly all of my operations for hernia, and has resulted in a radical cure in a large majority of cases.

Dr. H. F. BIGGAR.—In the treatment of intestinal obstruction for those who are not surgeons and not prepared to make an operation, the

following is a happy thought which has been used with great success : Take a half to a whole teaspoonful of sulphur and a tablespoonful of West Indies molasses and repeat it every hour, using a flushing of the bowels with an enema of glycerine and water in the proportion of one part of glycerine to four of water, and filling up the bowel with from one pint to three or four pints of this enema.

DR. W. TOD HELMUTH.—When James G. Blaine was running for President, the night after there was a tremendous procession in New York, and a patient of Dr. Guernsey's was in that procession; he was rained on, took some cold and began to vomit, was suddenly seized by this tremendous pain in his abdomen. Dr. Guernsey had pumped into him a large quantity of warm water, had hung him up by the heels, had fed him large quantities of sweet oil; had tried everything, but without relief to the man. It was late at night when I was called in. I sent and got a siphon of vichy and put a small tube on the end and pushed it up into the anus as far as I could with my hand on the spring. Then I let as much of the vichy pass into the bowel with a fizz. I got a second bottle and repeated the process, and presently the man said "that moved it," and the man recovered. I once used a seidlitz powder—using the blue powder first in the rectum, and I think that man thought he was going to kingdom come. He recovered fully, but I believe he was almost scared to death.

DR. W. R. BLIGHTON.—We sometimes learn a good thing even from an old school journal. I remember reading of some South Carolina doctor who had reported it and it was a case of strangulated hernia, right inguinal; had been down for thirty-six hours. An operation seemed to him to be imperatively demanded. He was moved to try the new idea, which consisted in saturating a pledget of cotton with sulphuric ether and holding it tightly over the tumor for half an hour, and the result was that the hernia went back with a gurgling sound and was all right. This South Carolina surgeon stated that since he had begun to employ this new method he had never failed to reduce a strangulated hernia, and operative measures with him had ceased to be a necessity.

DR. N. SCHNEIDER.—Surgery in the school of homœopathy is not yet very old. I am not a very old man, but I must say that I studied my first surgery from that book written by your many times honored guest, Professor Helmuth. Homœopathy—the first years of its life were taken up almost wholly in developing the law, which it announced as its base, *similia similibus curantur*, and the attention of medical men was not directed to surgery in that time—that came later. If you should ask me what relation the homœopathic has had to surgery, I would answer that it was at first mainly that of muscle

and brawn. We early homœopathic physicians had to fight our way through into surgery—I mean physically as well as professionally. Homœopathy has had a wonderful influence on surgery. I remember when a boy of receiving an injury, and the first thing the surgeon who came did was to bleed me for a broken arm. Do they do it now? No! The question now with them is, How much medicine shall we give? The old-school surgeons now are hardly carrying any medicines at all, and when they give it, it is almost invariably given in the infinitesimal dose. In that way homœopathy has modified surgery. I agree with the honored president of our great American Institute of Homœopathy, who has so beautifully and eloquently pictured for you the future of homœopathy. Already you see the sun rising; the rays are now shooting over the whole firmament and gilding not only the heights, but flooding the valleys of the higher civilization with its glorious, soul-warming light. Every medical book that is written to-day by the old school on *materia medica* bears the unmistakeable impress of the modifying touch of homœopathy. The seed is implanted in every university of the land, lay or secular, and its up-rooting has long since passed the bounds of possibility. I may not live to see its universal prevalence; some of you will live to see it—when it will be the truth of medicine acknowledged all over the world. Then there will be no longer any sect in medicine; no “regular,” no “homœopath,” but when all will be content to live and practice under that one great flag—that one great immutable truth, *similia similibus curantur*.

DR. S. N. BRAYTON.—*Salix nigra*, from either the green buds or bark without heat in doses from a half to an entire teaspoonful in a little water three times a day, will work wonders. Very unfortunately, however, it almost entirely suspends the amorous inclinations, but only while the remedy is in use. . . . Where these local applications can be made, success is more assured. Painting the cervix with a tincture of iodine about three times, the officinal strength, every day, will establish a healthy surface, reduce the inflammation in the whole cervix, stimulating the absorbents so that the thickening from old deposits are more rapidly removed, relieving the pain in the pelvis and surrounding parts to a great extent. . . . I am aware that this is not strict homœopathic treatment, and for that reason the faithful may feel disposed to discountenance it; but it “gets there” all the same, and I must be permitted to express the sentiment that he who has the welfare of his patient, as well as his own success, more at heart than love of dogma, will readily grasp the good, no matter from what source it comes.

The law of similars is the law of cure, but we have not reached the goal of perfection, and until we do, if occasion require, we should not hesitate to step aside from the narrow path of theory and avail ourselves of the established wisdom of experience.—[This is sadly in

contrast with the address of the president and the general tenor of strict adherence to the law of homœopathy.]

DR. GEORGE ALLEN.—Regarding the medical treatment, it should be strictly homœopathic. The fact that fourteen of the nineteen cases above mentioned originated under allopathic treatment, is a sufficiently striking commentary upon the danger of old-school methods. If, however, more facts are needed, the number of cases of la grippe which have terminated in pneumonia under the old-school treatment and the large percentage of deaths from the results of pneumonia, should secure a sweeping condemnation of old school methods of treatment for this disease. It is to be feared, however, that homœopathic practitioners are too prone to make use of the questionable methods adopted by the members of the regular school, and that antipyrin, antifebrin, salol, and other drugs of like ilk have too frequently been prescribed by those whose teachings should have led them to follow the more effective and safer methods of Hahnemann. I venture to assert, however, that in proportion as the homœopathic method has been abandoned in the treatment of la grippe, in just the same proportion have the results been disastrous to the life or subsequent health of the patient. In the treatment of la grippe, then, adhere strictly to the law of similars; as an additional advantage induce your patient to remain quietly in bed and refrain from any exertion, physical or mental, till the acute symptoms of the disease are passed and his strength is restored to its normal status.

REPORT OF THE COMMITTEE ON FOREIGN CORRESPONDENCE

By EUG. F. STORKE, M. D.

To the President and Members of the American Institute of Homœopathy:

I have had the interests of this committee, as well as those of the institute, deeply at heart during the past twelve months. Much work has been done, but the gleanings are few. Our efforts and various results have been, to me, eminently successful in the way of suggestion. I therefore take pleasure in reporting as follows:

That we as a committee desire to thank such members of the profession as have pleasantly responded to their appeal for epistolary aid. To those who allowed repeated letters to remain unanswered, we also take this occasion to render a becoming expression of gratitude, not so much for what they failed to do, but for that which we hope they will do during the coming year.

The present session of this important body is a mile stone which marks the close of another eventful year. While it is true that no Hahnemann has appeared upon our horizon, and no Dunham, Hering, nor Farrington have returned to administer to our direst necessities, yet much progress has been achieved. I am a happy believer in inspir-

ation. I find much pleasure in contemplating such great men as Drs. Hughes, Dudgeon, Drysdale, Jousset, Gerstel, Cigliano, Haupt, Hayward, Skinner, Pope, Claude, Bojanus, Dyce, Brown, Valdes, Garcia, Ludlam, H. M. Paine, J. P. Dake, Helmuth, and hundreds of others that are deserving of mention—I say, I take the utmost pleasure in the belief that the mantle of inspiration has fallen from the noble army of our dead, and now permanently rests upon the great, active and living representatives of our school. They are sterling workers who inspire us with the desire to be, to do, and to suffer. In other words, to be something in Homœopathy, to do something for her, and, if need be, to suffer for her. With the influence of such men around him, the most commonplace man in our ranks is capable of formulating grand thoughts, executing noble actions, and achieving great results.

The usual spirit of allopathic and iliberal oppression, opposition and persecution, has everywhere been repeatedly met. Like the oft recurring struggles between Christian and Apollyon, they have invariably strengthened the position of truth. Consequently our glorious system is gaining ground. It is augmenting in numerical force, it is advancing in the line of scientific progress; it is increasing in its literature, and it is growing in the hearts of its patrons.

From far-off China, where the historic wall has been a bar to the advance of enemies and civilization alike, comes the cheering intelligence that we have a few homœopathic physicians there. Drs. Swimney, Woodhull, and Atwood are all active workers in that newest of all fields. We have there three followers of Similia to a population numbering over 500,000,000. In this connection we are reminded that our system flourishes in direct proportion to the intellectual progress, culture, and refinement of a people. The Chinese are proverbially fond of medicine, and will take, with seeming relish, the most nauseous concoction of drugs that the extremest, radical, hide-bound allopath can prepare. Among such a people light and palatable doses are at a discount. Medical missionaries are well received by the natives provided they abound in Christian works and unpalatable medicine. Nastiness in the healing art is with them a special, or rather a cardinal virtue.

Our system fares very little better in Japan. The possibilities of an illimitable future may permit homœopathy to flourish eventually in this island government.

In England the progress of our school is slow, sure, and lasting. British conservatism cannot readily adopt a system which is tabooed by the old school. But the genial rays of the sun of homœopathic progress are imperceptibly melting away this frigid opposition. Mr. Stead, in his admirable *Review of Reviews*, has taken the willing lance in his experienced hand, and in his fight against medical prejudice, bigotry, and intolerance, has been of direct benefit to the entire homœopathic profession. He has shown the absolute nonsensicalness of the dominant school, who shut themselves up, like an oyster, in the shell of their conceit, and try to prevent others from doing that which they are unable to do themselves. The *Homœopathic World*, the *British Journal of Homœopathy*, and the Homœopathic League tracts, are doing a grand and effective work in medico-evangelization. Dr. Dudgeon has, with his rare good judgment, selected for the League Tract Series, the very able campaign article written by Dr. W. B. Clarke, of Indianapolis, en-

titled "Homœopathy and Blood-letting," which appeared in the *Medical Current* during the present year.

In the English colonies and dependencies, for reasons already assigned, the same conditions exist as in the mother island.

Australia, however, is constantly on the alert to bring the profession from darkness to light. And in direct proportion to this progress do we mark the signal advance of homœopathy, which is doing effective work on all sides.

India is in line of advancement, and from her far distant shores we learn much of interest. A valued correspondent, in acknowledging the efforts of the homœopathic physicians of this great republic, says :

"America is a noble country, and I am truly sensible of the condescension and kindness which induced its noble sons to benefit the world both in science and civilization. It is simply madness to dwell upon its eulogies, since it acquired unanimous praise from all quarters of the civilized world.

"Like other sciences, homœopathy has received its full perfection from your country. For this, the world owes a debt of gratitude which is unparalleled in the annals of mankind. This new science of the healing art is doing great service in all countries. The great masses of the people are becoming aware of its beneficent action. The published works of your country regarding this great science are really doing an immense benefit to my countrymen, especially to the physicians. I am eager to attempt a Bengali translation of Hempel's *Materia Medica*."

From Canada comes the cheering news that the growth of homœopathy is enduring. Slow it must be, until that sister country throws off the yoke of conservatism, and becomes a shining star in the constellation of the United States of America.

There is but a single island of Jamaica. There is also but one Doctor Wildes—still they make a most remarkable combination. Since the days of Hahnemann there has, probably, been no more hotly waged war for the truths of homœopathy than is at present being conducted personally and alone by Dr. Thomas Wildes, of Kingston, Jamaica. He has boldly attacked the bigotry of English medicine, as well as its ignorance, intolerance, and ruinous practices upon the people. Single handed and alone, hampered by sickness and persecuted by bitter governmental foes, he is gaining the battle, inch by inch.

In Germany, the clouds of medical ignorance are becoming dissipated by homœopathy. It has now a most efficient pioneer element at work, one that has been productive of the greatest amount of good in forcing upon the old-school a growing confidence in the single remedy, small doses, palatable remedies, and specific medication. I allude to the allopathic ravages of the Dosimetric system. This book is hastening the first faint glimmer of rosy light, which tints the eastern sky, to be succeeded by the noon-day sun of homœopathy, whose effulgent rays must eventually illuminate the entire medical world.

If Italy had done nothing more than to produce the patience, energy, and singleness of purpose of a Count Mattei, she could even then be greatly congratulated. While I cannot to the fullest extent endorse the schism of this illustrious count, yet I am fully persuaded that it has much of truth in it. It is a branch of that thrifty vine, homœopathy. It may not have a sufficient amount of vitality to thrive when severed from the parent stem, but wherever it develops well, there will our sys-

tem greatly flourish. If one-half of the claims made in its behalf regarding the cure of cancer be true, then indeed is the world to be congratulated on the possession of this off-shoot. From recent advices I learn that Mr. Stead and Sir Morell Mackenzie, assisted by one or two other liberal minded men, are already putting this claim to the practical test of actual experimentation upon the now incurable cases of cancer.

A valued correspondent now residing in Russia, most naively says :

"The homœopathic physicians of Moscow and St. Petersburg are pulling by far the greater number of silver door bells." The vastness of that country, and the progressive spirit which must soon overtake the inhabitants, must give the mild system of medicine an enduring and effective impetus.

From Dr. Garcia, of Montevideo, South America, we are assured of much progress. There are seven physicians now practicing homœopathy in that place. Throughout that country there are many signs of advancement. A few old-school physicians are becoming converts to the new faith. And accession to the ranks is becoming yearly more and more apparent. In all countries where the Romish religion is the accepted faith of the people, liberal professions, communities, and creeds, seem to languish to a greater or less extent. So it is in the various South American States. But the tendency of the age is toward liberalism, and that genial influence will hasten the extension of homœopathy.

It really seems to me like bringing sunshine to Colorado, or coals to Newcastle, to present any extended report upon homœopathy at this time and place. There are now here I am informed, accredited members of our profession from every civilized country upon the broad surface of the earth. Men who are ready and willing to give us a most complete account of the rise and development of *similia similibus curantur* in their immediate vicinity.

I desire to say right here, may many blessings rest upon the heads of the men who paved the way for such a glorious, world-wide reunion as the one just commencing.

I will close by saying that when we assemble here to-morrow, as members of the noblest of all professions, may we be reminded of the vast expanse which separates our various homes ; may our widely divergent dwelling-places symbolize a wide diversity of individual opinions ; may we appreciate the unquestionable glory of homœopathy ; may we realize that this glorious system is ours to perfect, extend, and cherish ; and finally, may we become thoroughly conversant with the status of homœopathic affairs throughout the entire inhabitable globe.

✠ DENVER, COL.

BOOK REVIEWS.

MONTHLY NURSING. By A. WORCESTER, A. M., M. D., Fellow of the Massachusetts Medical Society; Physician to the Waltham Hospital. Second Edition. New York : D. Appleton & Co., 1890.

A readable book ; one which deals fairly with the subject, and is earnestly at work instructing its readers. The subject is a hackneyed one, if that expression is ever true when speaking of human life. The critic simply states that the theme has been viewed from so many

aspects that but little remains to be told. But the little in this instance is well told. The nurse is not alone to be benefited by the book; not a few doctors can glean golden grain from its leaves. The directions and indications are graphic and explicit. We are always amused to find obstetric writers and others who deal specially with the parturient recommending such a profusion of things for the baby and mother. It may be and doubtless is a good plan to be ready with such information in the event of being called to the confinement of one of the lady magnates of Nob or Murray Hill; but the overwhelming probabilities are that Nob Hill and the ladies of the four hundred will not be burdened with babies. Babies are the product of a different class of circumstances and surroundings as every busy doctor well knows. The idyllic confinement is not often met with in this day and age of the world. What the aforesaid obstetric authors should carefully teach is how to take care of an everyday, ordinary childbirth, and to let the other kind be the exception. In our own studies we were often disgusted and out of all patience because three-fourths of our obstetric lectures were devoted to the abnormalities, and at the tail of the semester, and almost forgotten, was injected a few lectures on normal childbirth. What was the inevitable result? Every member of that class for the first few years of his practice, when called to a confinement, went in fear and trembling, mentally running over all the abnormal positions of a borning child, and provided with forceps and craniotomy instruments. To return to our book. Dr. Worcester is eminently practical in his instruction, and if he at times lapses into a common enough error of bookmakers, of asking that the nurse shall possess, like the irate conductor on a Western train, "all the intellectual and social endowments and a tenor voice for forty dollars a month," he quickly retrieves himself by his absolutely sensible language in the succeeding pages. We gladly commend the book.

HUMAN MAGNETISM; ITS NATURE, PHYSIOLOGY, AND PSYCHOLOGY; ITS USES AS A REMEDIAL AGENT IN MORAL AND INTELLECTUAL IMPROVEMENT, etc. By H. S. DRAYTON, LL. B., M. D., author of "Brain and Mind," "Nervousness," etc.; Fellow of the New York Academy of Anthropology; Member of the New York Medical Society, etc. Illustrated. New York: Fowler & Wells Company, 775 Broadway, 1889.

Magnetism in its varied forms has always been, and will continue to be to the end of time, one of the mysterious agencies of human life, and a source of reverential curiosity and study. It attracts—the study of it—the attention of the deepest-thinking scholar, as its material or visible manifestations rivet the curiosity and superstitious fear of the remaining body of the race. This book, which is not at all large or unwieldy either in size or matter, devotes itself faithfully to that branch denominated "human magnetism" and carefully, thoroughly, investigates and explains the theme. It is written in that happy style which is freed of the high-sounding technicalities which so often mar and disfigure the usual text-book; and yet there is no omission of any necessary detail. It considers in its 168 pages all the latest phases of the subject. It enters deeply into mind reading, hypnotism, dreams, hallucinations, and delusions; trance conditions, somnambulism, suspended animation, and other of the

mysterious and inexplicable "queer doings" of some folks. In the chapter devoted to moral and legal issues the grave question arises of the power of an evil mind over a susceptible innocent person, causing the latter to do a wrong, nay, even a criminal act. A farmer near Fort Dodge, Ia., claims to have been hypnotized and caused to drive several miles to his bank of deposit, draw his money, and bring it to a pair of bunco swindlers and, of course, lose it. As the farmer is a well-known seemingly even-balanced man, this peculiar conduct gives rise to a grave suspicion either of insanity on his part, or else a superior though criminal power over him by others. The subject of magnetism can never fail to interest the reading populace, and this little book is a good text-book.

THE DAUGHTER ; HER HEALTH, EDUCATION, AND WEDLOCK. Homely Suggestions for Mothers and Daughters. By WILLIAM M. CAPP, M. D., Philadelphia and London: F. A. Davis, Publisher, 1891.

This author possessed the happy talent of giving his work an attractive title, and the same talent thus practically applied assumes a similar state of common sense in the other products of his pen, nor is the reader of this book disappointed. It bristles with "homely suggestions" and it fairly occupies the place which its title assumes. It begins the story at the beginning, with the infant, and carefully traces her life through the envioning vicissitudes of babyhood, childhood, girlhood, and so on to her own important duties as a mother. Although written by a doctor of medicine it carefully avoids the scholastic habit, and deals with the daughter in an every hour practical, plain, pleasing fashion. It is, in brief, a splendid little book to put into the mother's hands and later on, also, in the growing daughter's hands. The mother will be charmed as the daughter will be instructed. The publishers have likewise put the book in a handsome binding—in no way suggestive of a scientific or medical thesis. It is therefore recommended for use.

ESSENTIALS OF SURGERY, MINOR SURGERY, BANDAGING, AND VENEREAL DISEASES. By EDWARD MARTIN, A. M., M. D. **PHARMACY.** By Prof. L. E. SAYRE. **PRACTICE OF MEDICINE.** By HENRY MORRIS, M. D. (Double Number.)

These are separate volumes of the Saunders' Question Compend series, and are, as all of their predecessors, excellent works, well written, devoted to the subject, and clearly intelligible. We wish especially to speak of the last mentioned volume. This is a very complete book and as nearly covers the ground as many a large series of volumes. It is free of the many contradictory hypotheses which so often mar the text of the larger and more didactic forms of medical output. It is in question form and may of course be used to revise former knowledge or to acquire new. This series of compends, we believe, was not initiated for the purpose of supplanting the regular school text-book, but rather as an assistant. And yet much may be learned from these pages within the compass of a few lines, where elsewhere chapters are devoted to the theme. The books are handsomely bound in blue and gold, on good paper, with fair marginal space for notes, and clear type.

FEVER: ITS PATHOLOGY AND TREATMENT. By ANTIPYRETICS. Being an Essay, which was awarded the Boylston Prize of Harvard

University, July, 1890. By HOBART AMORY HARE, M. D., B. Sc., Clinical Professor of Diseases of Children and Demonstrator of Therapeutics in the University of Pennsylvania; Physician to St., Agnes' Hospital and to the Children's Dispensary of the Children's Hospital; Laureate of the Royal Academy of Medicine in Belgium, and the Medical Society of London, etc. Philadelphia and London: F. A. Davis, Publisher, 1891.

This is No. 10 in the Physicians' and Students' Ready Reference Series and is principally useful to our brothers of the other school. It deals with fever from the usual pathological standpoint, and the treatment is based on the antipyretic theory. Of course, therefore, the homœopathic student has little, if any, use for the thesis. For the old-school practitioner it has value and clinical importance. The publisher has not failed to embellish the text with many tables and tracings, and we doubt not that the letter-press is equally fine. But life is too short for our thorough reading of an old-school book.

GLOBULES.

—Buffalo (N. Y.) has 299 old school and 47 homœopathic physicians.

—Exact abdominal diagnosis is an impossibility, and he who asserts to the contrary is either rash or inexperienced.—*Lawson Tait*.

—All of my cases of perityphilitis have been benefited by, and recovery has followed upon aspiration at "McBurney's point."—*Smith*.

—If I had to choose between one of two things in the treatment of peritonitis, hot applications or remedies, I'd surrender the medicine.—*Smith*.

—When an elderly parous woman complains of slight metrorrhagia, or an increased menstrual flow, whether pain attends it or not, the possibility of cancer should not be forgotten.—*Medical Era*.

—In graphites the skin is thickened and there is exfoliation, but there is always moisture; while in hydrocotyle Asiatica there is dry, flaky exfoliation with an enormously thick, dry, rugose skin.—*Allen*.

—Ipecac. is very valuable in asthma with great anxiety, wheezing, and whistling, with constriction of the throat; there is great oppression and difficulty in breathing, with violent coughing which ends in vomiting.—*Shelton*.

—You will sometimes prescribe Natrium muriaticum in weakness of the abdominal muscles favoring uterine displacements; also in weakness of the abdominal muscles from too much bandaging after labor.—*Prof. Allen*.

—The meddlesome application of obstetrical fingers in hurrying dilatation of a slow cervix or in forcibly pushing the neck over the occiput during a pain, is the most frequent cause of cervical lacerations.—*Prof. McDonald*.

—Ergot given in the first two or three months of pregnancy, while yet there is not much new connective tissue formed, will not cause abortion ; it is taken up and poisons the entire system, and has been the cause of many a death.—*Allen*.

—I have found Ergot curative in the *cold and dry* hands and feet of excessive smokers, especially those who take little exercise ; often they will complain of "fuzziness" in the fingers ; they can't button their clothes, or pick up a pin, etc.—*Allen*.

—Secale cornutum, given in potency, has proved an extremely valuable drug in very bad forms of puerperal septicæmia, with *cold dry skin, intolerance of any covering*, not even a light sheet—great burning internally and inordinate thirst.—*Allen*.

—Our genial ideal Indiana State Society secretary, Wm. B. Clark, M. D., of Indianapolis, rejoices in a first experience of bare feet, cold oilcloth, upturned tack, midnight hour, paregoric bottle, and other adjuncts. It's a boy—August 15. Cigars on tap.

—I cannot appreciate the necessity for aluminum probes when the long silver probe can be more readily obtained, and especially since you can see the presence of the Chromic acid on the silver probe, which is not the case in the instance of the aluminum probe.—*Beebe*.

—I use Calcarea carb. with great success in the treatment of girls who are sluggish, fat, and flabby, having light hair and blue eyes, who menstruate almost constantly, and in whom any little excitement like sudden surprises, bad news, etc., causes a return of the flow.—*Prof. Allen*.

—The Matthews Decorative Glass Co., of New York, prepares a handsome transparent letter sign, with opaque background, for placing in physician's window, for \$2.50. It is truly a beautiful work of art, shining by day and by night. It is æsthetic and ethical. Write to them.

—In prescribing for leucorrhœa the character of the discharge is generally less important than the general symptoms, and those arising from the physical condition of the patient. The symptoms attending the menstrual flow and of the ovaries are of no little value in selecting the remedy.—*Dr. G. R. Southwick*.

—CHOLERA INFANTUM.—In cholera infantum where feeding demands so much care, good results are obtained by withholding milk entirely, and administering a few drops of Bovinine in water previously boiled, at frequent intervals, until the stomach could with safety digest its customary diet.—*S. H. Pearce, M. D.*

—Ipecac. has proven of great value in cases of malaria, to clear up the case and bring out the symptoms, in cases where you can't get any distinctive symptoms, and all is hidden ; especially when you have the persistent nausea ; give Ipecac. for a few days and you will be surprised to find how easily you can pick out the malarial symptoms.—*Shelton*.

—Causticum and Kali carb. are two of our best drugs for uterine tonics in slow, tardy labors, where there is uterine inertia. The pains are feeble and inefficient, the patient is anæmic, weak, has a low

temperature and slow, feeble pulse, and complains of feeling tired. With Kali carb. there may be in addition the sharp cutting pains.—*Prof. Allen.*

—The homœopathic physicians of northern Indiana, southern Michigan, northeastern Illinois, and northwestern Ohio met at Elkhart, Ind., on Tuesday, September 22, to organize the N. I. and S. M. Homœopathic Medical Association, the meetings to be held semi-annually. A number of leading physicians and surgeons were in attendance and took part in the deliberations.

—MCKEESPORT PHYSICIAN HONORED.—Doctors' Round Table club, of Allegheny County, has been organized in Pittsburg. The objects are for social and medical advancement. The club will hold a banquet once a month, on which occasions subjects of interest to the medical fraternity will be discussed. Dr. F. W. Burlingame, of McKeesport, Pa., promoted the idea of the organization, and the club honored that gentleman by making him the first president of the club.

—READ AN HOUR A DAY.—Read more than this if possible, but so much any way. What shall you read? If you are a homœopath read your *materia medica*. It will repay you an hundred fold. Learn something new each day of the efficacy of our remedies. Mark how many cases wind in and out of our journals, given up to die by skilled diagnosticians, yet at the eleventh hour restored to life by the *materia medica* expert. Even if you be a specialist a thorough knowledge of *materia medica* will perceptibly lighten your labors and endear you to your patrons.

—Dr. C. E. Fisher, of San Antonio, Tex., editor of the *Southern Journal of Homœopathy*, announces to the profession the opening of The Fabiola, a modern and model private homœopathic sanitarium at 486 North Flores Street, in San Antonio, of which he is proprietor. The well-known ability of Dr. Fisher warrants the belief that his most recent venture will prove equally successful with former ones. He is especially prepared for gynecological and surgical cases, and we will take pleasure in recommending such of our friends and patrons as contemplate visiting Texas to call on our gallant confrère of San Antonio.

—FOR INDUCING PREMATURE LABOR.—Dr. Schrader, of Hamburg, proposes to accomplish this end by the alternate hot and cold douche. The irrigation begins with the warm current 112° F. and before the cold water is turned on all the warm water is caused to run away from the vagina. The same before the change from cold to warm. Each time about two liters of cold and half the quantity of warm water are used. The douche is generally repeated about every hour and a half until labor is active enough to make its continuance probable. In the cases treated the average was ten douches and a half.

—The Homœopathic Medical Society, of Tennessee, meets in Nashville, November 11, with Dr. Wm. C. Dake president. In view of the meeting of the Southern Homœopathic Medical Association, on the same day, the reports of the standing committees of the State society will be limited to a paper from the chairman of each, simply making mention of matters that may not be deferred to the next annual meeting. All officers will hold over till the following year. After the selec-

tion of the next place of meeting, the society will adjourn subject to the call of the president, for the election of members and other necessary business.

—Probably no intelligent man ever came so near being a "wooden-head" as did Lewis E. Rotterman, of Peoria, Ill. He was in the ill-fated train which was wrecked at Chatsworth in 1887. He was badly cut and bruised, but soon recovered. Recently he consulted a surgeon in regard to the violent headaches which he had from time to time. The surgeon took from his head, at the inside corner of the left eye, an irregular piece of wood $1\frac{1}{2}$ inches long, $\frac{1}{4}$ inches wide. This fragment of a window sill had been in Rotterman's head for four years. The case is pronounced one of the most remarkable in medical history.

—Prof. H. R. Arndt, formerly of the University of Michigan, and whilom editor of *The Medical Counselor*, now of San Diego, Cal., says in the *California Homœopath*, that, "The necessity of maintaining an organization for mutual protection against encroachment upon our rights as citizens and as physicians is obvious to those who are familiar with the attitude of the dominant school of medicine toward all practitioners who refuse to subscribe to its teaching or submit to its claims as the governing body of the entire profession."

Fifty-eight words without a break or a punctuation mark!

—A NEW COLLEGE.—The first annual announcement of National Homœopathic Medical College, of Chicago, lies on our table. The promises held forth are of the best and brightest and indicate a determination to make practical doctors and graduates in homœopathy. We are considerably disappointed in looking over the list of thirty-two professors to find but few who are sufficiently well-known without the gates of Chicago to be classed as "National." There is an unusual number of new chairs, too many, we believe, to give the student a good practical training. But the *National* doubtless pondered all these points carefully and is prepared to carry out its promises. The postscript on the inside back-cover page seems to be an unnecessary addenda. What has this Trades Union to do with the *National*?

—MEDICINE AND SURGERY IN JAPAN.—Speaking of the ancient manner of treating mangled limbs, said Dr. B. J. R. Matsumoto, it mainly consisted in pouring alcohol or other strong liquids upon the wounds, or else binding moist tobacco into the raw places. The test of these applications lay in the contortions of the patient. If he did not writhe and jump about, screaming in agony when he felt the raw spirits, or penetrating tobacco juice, upon his mangled flesh—and he generally did—it was a sign that something more powerful was needed in the way of antiseptics. In fact, the treatment was anything to rouse the sufferer from patient endurance to a state of unbearable torture. And yet even this was considered by many natives as better than the other way of hacking and sawing.

But these lance and bone saws have been laid away, and the school which now holds sway resorts to them only when it is deemed absolutely necessary.—*San Francisco Chronicle*.

—THE BALTIMORE HOMŒOPATHIC COLLEGE.—It is matter for sincere congratulation, the manner in which the new homœopathic medical college at Baltimore is taking unto itself a local habitation as well

as a name. Recent advices indicate that the board of directors of the Southern Homœopathic Medical College and Hospital, of Baltimore city, have purchased from the trustees of the Cathedral, old Calvert Hall, on Saratoga Street, west of Charles, opposite Rennert's Hotel—until recently and for the past forty years occupied by the Christian Brothers as a collegiate institute. The price for the property was \$18,000. Extensive alterations were promptly entered upon and by October 5, the date of the opening session, will be ready for occupancy. All hail to you, brethren! Your literature and your promises and your doing so far, bespeak you lovers of homœopathy.

—IN CONVALESCENCE.—The lack of suitable foods for convalescents from severe illness, and in the treatment of typhoid and other low fevers, is often felt by the practical physician. Milk, while of very great use, often cannot be taken, and often causes trouble on account of the indigestibility of the casein. The various beef extracts are more stimulating than nourishing, and the majority of prepared foods offered are either unpleasant to the taste or difficult of digestion, and unsuited to the needs of the case. In such cases Malted Milk will form a very welcome addition to the dietary of the sick room. The basis of this food is pure, fresh, sterilized milk, in which the casein is rendered digestible by the action of the plant pepsin produced by a special method of malting the cereals originated by the manufacturers. It is pleasant to the taste, simply prepared by dissolving in water, no cooking being required, and will be retained and assimilated in many cases when all other foods fail.

—IMPORTANT HINTS TO THOSE WEARING PESSARIES.—Prof. Clinton Cushing, of San Francisco, concludes an interesting paper in one of our exchanges on retroversion of the uterus, with the following instructions to any patient wearing a vaginal pessary:

1. Remember that to obtain the best results the following instructions must be observed.
2. If the pessary you are now wearing causes you pain, use an injection of hot water in the vagina and lie down for a few hours. If this does not relieve the pain, remove the pessary at once; pass your finger into the ring, which you can feel, and draw the pessary away. You can do yourself no harm in removing it.
3. Use a vaginal injection of hot water every night and morning while wearing the pessary.
4. Never allow more than a month to pass without being examined by a physician, while you are wearing the pessary.
5. Do not wear tight or heavy clothing about the waist; and do not wear tight corsets.
6. Keep the bowels regular; have a movement of the bowels at least once a day.
7. Avoid as much as possible going upstairs, using the sewing machine, lifting heavy weights, or riding over rough roads.
8. If possible, lie down an hour in the middle of the day, and keep very quiet during menstrual periods.

All very good and true; but, like the boy's reason for pins, saving the life of millions of people by not swallowing them—but, better yet it is to restore the tonicity of the parts by homœopathic *materia medica*, and not use any pessary.

OH-DON'T-LOGY.

DON'T be so sure next time when a new Brown-Sequard or Koch flares across the medical firmament. A few months invariably brings the new invention to grief. Study homœopathy carefully and find it all-sufficient in all curable cases.

DON'T take your patients to bed with you at night. That is to say, don't let your patients cause you any loss of sleep. Learn to look upon it as a business transaction. If you don't you will soon break down yourself and make yourself unfit for your life-work.

DON'T be so ready to eat out a carbuncle with pure carbolic acid, or slash it criss-cross with a scalpel, or apply honey and flour as a poultice. Try Lachesis some time for the blood-poisoned condition which makes a carbuncle a possibility, and see if it will not suffice.

DON'T forget that the proper way to be a specialist is to have been a general practitioner for half a dozen or more years until you find yourself insensibly drifting into a specialty. Then your envious friend around the corner will not say that you treat simply one end of a man and nothing else.

DON'T teach homœopathic materia medica from Ringer. Your own former-reputation as a homœopath will not save you now if you dabble in old-school medicine. We have Moses and Elias and the rest of the prophets in our school; why stray after the Egyptian worship from which you are but newly delivered.

DON'T be too scientific and, unless the spirit directly moves you, don't be a medical teacher. Dr. Beebe points out that two of our best clinical teachers and journalists to-day are incompetent to earn their bread as doctors; that they have started in practice in a number of places, but have always failed of success, success meaning dollars.

DON'T let the President of the Congress paper on the shortcomings of Hahnemann cause you to break that plaster-cast of Hahnemann which sits on your bookcase top. Hahnemann's personal traits, like "the flowers that bloom in the spring, tra, la, have nothing to do with the case." Give the indicated remedy, as you have done perhaps for thirty or forty years, and see your patient get well.

DON'T say that homœopathy ought, *of course*, to be taught from a few chairs of a homœopathic college; but that the other chairs should be abreast of the times and honestly eclectic. A Baptist University, teaching the Baptist doctrines from three or four chairs, and Catholicism, Mohammedanism, and Confusion-ism from all the remaining chairs, would be a wonderful Baptist University. Do we hear a second to that?

DON'T let us ever lose sight of the necessity, in preparing a homœopathic college announcement, of putting into it somewhere, at least once, the phrase *similia similibus curantur*; and studiously avoid any reference to homœopathy. Hippocrates, you know, believed in similars. and so do to this day the enlightened, scientific, progressive allopaths. But as for homœopathy—out upon such puerile nonsense! A college must have students, honestly if it can, peaceably if it must.

REPERTORY OF THE LUNG SYMPTOMS FOUND IN HERING'S
CONDENSED MATERIA MEDICA.

By EDWARD R. SNADER, M.D.,

Lecturer on Physical Diagnosis at Hahnemann Medical College, Philadelphia, Pa.

(Continued from page 368.)

- PULSATILLA.**—Phthisis florida, suppurative stage ; chlorotic girls. Ob-
stinate bronchial catarrh. Congestion to chest and heart at
night ; with anxious dreams.
- RANUNCULUS BULB.**—Small sore spot as from subcutaneous ulceration
(After pneumonia. Adhesions of the lungs after inflammation).
- RHUS TOXICODENDRON.**—Pneumonia ; with typhoid, often from re-
absorption of pus ; also with tearing cough and restlessness,
because quiet makes pain and dyspnoea worse. Hæmoptysis :
from overexertion, blowing wind instruments ; blood bright ;
pain in lower part of chest ; renewed from least mental excite-
ment.
- RUMEX CRISPUS.**—Burning sticking or burning stinging pain in left
chest near heart ; worse from deep breathing and lying down in
bed at night. (Rheumatism.)
- RUTA GRAV.**—Phthisis after mechanical injuries of chest.
- SABADILLA.**—Pleuritis, great paralytic debility complains of coldness,
with hot flushes intervening. (Pleuritis.)
- SANGUINARIA CAN.**—Burning in chest, also stitching ; he lies on the
back ; sputum is tough, rust-colored and difficult ; pulse quick
and small ; face and limbs cold, or hands and feet burning hot,
and cheeks circumscribed red and burning, worse in afternoon ;
extreme dyspnoea. (Pneumonia.) Breath and sputa smell
badly, even to the patient ; belches before and after cough ;
after cough, heat, then gaping ; circumscribed red cheeks ; diarr-
rhœa ; night sweats ; pains in the legs.
- SEPIA.**—Chest symptoms relieved by pressing on chest with hand.
- SILICA.**—Inflammation of lungs resulting in suppuration. Dropsy of
chest ; also in stone cutters. Empyema after pleurisy. Conges-
tion to chest ; body chilly.
- SPIGELIA.**—Can only lie on right side, with head high. Hydrothorax.
- SPONGIA.**—Congestion in chest from least movement or exertion ; dysp-
noea, nausea, faintish weakness. Tuberculosis beginning in apex
of (left) lung.
- SQUILLA.**—Stitches ; in chest, especially when inhaling and coughing ;
in sides of chest (Pleurisy). Pains in chest are worse in morn-
ing. Especially suitable in pneumonia and pleurisy, after blood-
letting. Heaviness on chest ; congestion of blood to chest.
- STANNUM.**—Hæmoptysis, with tendency to copious expectoration.
Phthisis mucosa, with the characteristic cough, weakness and
sputa ; profuse sweats. Chest so weak he cannot talk ; empty
feeling in chest.
- STRAMONIUM.**—Pain in breast, cough and other peri-pneumonic symp-
toms during recovery from meningitis.

SULPHUR.—Congestion of blood to chest. Pain in chest from overlifting, or after inflammation of lungs. Exudation, after pneumonia.

SULPHURIC ACID.—Profuse hæmorrhage from the lungs ; tuberculosis. Ulcerations in different parts of lungs.

THERIDION CUR.—Phthisis florida, in the beginning.

THUYA.—Spasm of lungs from drinking cold water.

VERATRUM ALB.—Constant rattling of mucus, but cannot expectorate ; sticky sweat about head ; weak ; frequent, irregular pulse ; bronchitis of the aged. Capillary bronchitis. Acute bronchial catarrh, in the emphysematous. Rattling in lungs, fear of suffocation ; frothy, serous sputa ; blue face ; œdema of lungs.

VERATRUM VIR.—Congestion of chest, with rapid respiration, nausea, vomiting ; dull burning in region of heart. Pneumonia, pulse hard, strong, quick ; or, engorgement of lungs, with faint feeling in stomach, nausea, slow or intermittent pulse.

VIOLA ODORATA.—Oppression of chest, as from a weight, awakening her at night (Hysteria).

ZINGIBER.—Stitches through chest, pains in chest, pleuritic.

THORACIC DISEASES, SYMPTOMS AND CONDITIONS.

BRONCHITIS.—Cactus, Dulcamara, Hydrastis, Phosphorus, Veratrum Alb.

———of the aged—Veratrum Alb.

BRONCHIAL CATARRH.—Cactus, Carbo Veg., Pulsatilla.

———from overaction of the heart—Cactus.

———hoarse, mucus rales—Carbo Veg.

———obstinate—Pulsatilla.

CATARRH ON CHEST.—Arsenicum, Lycopodium.

———great suffocation.—Arsenicum.

SUFFOCATIVE CATARRH.—Dulcamara.

CAPILLARY BRONCHITIS.—Phosphorus, Veratrum Alb.

INFANTILE PNEUMONIA.—Ipecacuanha, Kali Carb.

———during resolution—Kali Carb.

CATARRHAL AFFECTIONS OF THE LUNGS.—Digitalis.

ACUTE BRONCHIAL CATARRH.—Veratrum Alb. (in the emphysematous).

BRONCHO-PULMONARY CATARRH.—Phosphorus.

STAGES, STATES, AND CLINICAL INDICATIONS.

In scrofulous subjects.—Dulcamara.

In drunkards—Cinchona, Illicium, Laurocerasus, Nux vom., Opium.

———old—Illicium.

In old, exhausted people—Hydrastis.

In old or cachectic people—Nitric Acid.

Chloritic girls—Pulsatilla.

During dentition—Podophyllum.

In stone-cutters—Silica.

After pneumonia—Ranunculus bulb.

After blood-letting—Squilla.

After scarlatina—Lachesis.

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FRANK KRAFT, M.D., EDITOR.

CIRCUMSTANCES not infrequently arise as well without as within the pale of politics, when the eating of crow becomes a part of the daily *menu*. The publication of the following letter from Dr. R. E. Dudgeon, in place of our usual broken-paragraphed and triple-starred editorial, may seem to some as an evidence of our crow-eating propensity; but we take it that the thoughtful reader will read between as well as in the lines, and deplore with the editor the queer conjunction of events which causes so great a luminary in the homœopathic world to adopt this style of vindication. A re-perusal of the Address in question does not in any sensible degree cause a change in our former belief that the Address was a covert attack on that branch of American homœopathy which employs the higher potencies in its ministrations to the afflicted; also that in many of its paragraphs it was unkind to the memory of Hahnemann; but over and above all that the Address was out of order. Had Dr. Smallweed of an interior county in Indiana presented this Address as an original paper to this International Congress, it would require no expert knowledge in prevision to foretell what would have become of the paper and its author. But the weight of a great name—and we speak knowingly of Dr. Dudgeon's fame and gladly give him what no homœopath would dare withhold—has overshadowed the unfortunate Address, and tied the pens of the critics. Else why have we not had plentiful praise for and published extracts from it? A search of current literature shows the feeling of the profession; it is dismissed with the boldest of reference or else complimented in the usual perfunctory fashion of the Book Review Table. We therefore publish Dr. Dudgeon's letter in its entirety, that the profession may have further evidence of the motive which governed the eminent author in the construction of his Address and of this letter. We can easily forgive his personal references, however deploring most sincerely his adoption of our style of warfare—which is suited well enough to the editorial smiting of error, but sits with doubtful grace on the pen of a many times author, teacher, translator, and famous physician.

* *

To the Editor of the AMERICAN HOMŒOPATHIST :

In the midst of my short annual holiday at this quiet little seaside resort, the August number of the periodical you edit was sent to me by a kind friend. I am sorry to observe that you have completely misunderstood and consequently misrepresented the character and drift of my presidential address to the International Congress. You say that it

"ought to have been lost in the mail before it was posted." I will not inquire how this could have occurred, for perhaps in the obligation to post a missive before it can get into the mail to be lost there is an example of that European conservation at which you sneer, and things may be ordered otherwise in your advanced civilization. But that you should represent me as disparaging the merits of Hahnemann and seeking to detract from his claims to be a "hero," is indeed a surprise, for my whole literary life, I may say, has been devoted to the defense of Hahnemann against his detractors and perverters without and within the homœopathic school. The main object of my address, as every unprejudiced hearer or reader of it must perceive, and as its very title suggests, is to show from Hahnemann's own writings the essentials and the non-essentials of his teachings. If, in performing this task, I have shown that certain practices of some of his school, who loudly and persistently claim for themselves the exclusive title of "Hahnemannists," are inconsistent with and in direct contradiction to the oft repeated and distinctly enunciated directions of Hahnemann, that, surely, is to honor and not to disparage the teachings of our common Master.

I have not asserted that the so-called "high potencies" are inferior to Hahnemann's, nor have I denied that they may be vastly superior, though the proof of this is not of the kind we are accustomed to consider irrefragable; all that I have said is that few, if any, of them are prepared according to Hahnemann's precise and reiterated directions.

I pointed out that Hahnemann particularly insisted on the necessity of simplicity and uniformity in the medicinal weapons with which we operate, in order, as he says, that we may be able to repeat each other's experience. And I stated that to introduce into our practice 24 preparations of our medicines (the number of "high potencies" in the market according to Dr. Fincke), made by 24 manufacturers, in 24 different modes, with 24 different dilating media, was a departure from Hahnemann's earnest injunction of uniformity. It is impossible that all these 24 different preparations can represent the same things, though they may be labeled with the same numbers, and there is no authority to tell us which of all these 24 is the best. Nor do the names of their manufacturers, the majority of whom are otherwise unknown to homœopathic science, afford us any guarantee of their excellence, or convince us that their new-fangled methods should be preferred to the well-considered method of the Founder of Homœopathy.

Of course you are unable to deny that my assertion that the method of preparing their potencies adopted by the "high-potency" manufacturers is totally different from that of Hahnemann, so you affect to think that I deny the reality of the wonderful cures said to have been effected by "high potencies," which I would no more think of doing than I would of throwing doubts on the equally wonderful cures ascribed to Mattei's electro-homœopathic medicines or Mother Seigel's syrup; and you represent me as speaking disparagingly of Hahnemann, denouncing colleagues because they differ from me in belief, and sending to the Congress an unfair and unhomœopathic paper. Perhaps it might have been just as well if you had attempted to controvert the parts and statements adduced in my address, instead of attacking me for what I never said, attributing to me sentiments I never entertained, and representing me in an odious light as the disparager of Hahnemann and the enemy of homœopathic progress. Having no case against me, you

adopt the time-honored expedient of abusing the opposite counsel. You are wrong in stating that "the high-potency ball was set in motion by the sainted Dunham," when everyone knows that the originator of the idea was the Russian Squire (or, as Hahnemann, who snubs him for his pains, calls him "Graf" Korskoﬀ, and the first to carry out the idea systematically was the mad horse-breaker Jenichen.

The water of your country may be everything one would desire for a diluting medium, and that of Europe may be execrably bad and impure, but it so happens that some of the "high-potencies" in repute with you are made in Europe of European lake, river, or spring water, and probably your American water—in addition to the "microbes, bacilli, ptomaines, and other such scientific vermin" which, according to you, infest it—likewise contains a fair amount of mineral and metallic salts. If so, Hahnemann's diluting medium, spirits of iron, which contains no microbes or saline ingredients, would seem on the whole preferable; as when it is used, the minute quantity of medicine would run no risk of being jostled out of the way by microbes or chemically decomposed by inorganic constituents.

I have denounced nobody because he differs in belief from me, as you insinuate; I have only shown that certain methods of preparing medicines are not Hahnemann's, though their authors style themselves "Hahnemannists" *par excellence*, thereby implying that they follow more exactly the teachings of Hahnemann than those they delight to call "mongrels," "allopathizing homœopaths," "pseudo-homœopaths," and so forth. I am at a loss to see how my observations on "the means and menstua used in homœopathy" can be considered specimens of "metaphysical learnedness," seeing that they relate to matters of a purely physical nature.

Hahnemann's theory of chronic diseases may be right or wrong; it was not my object to prove it the one or the other; all I said was that it was a pathological theory at variance with his previous denunciations of pathological theories as a guide to therapeutics, that it involved a departure from his rule to be guided solely by symptoms in the treatment of disease, and that it was but little attended to by his modern disciples in the selection of the remedy. That "Dr. Decker, of Kingston," is convinced of the value of so-called anti-psorics and anti-sycotics in cancer and other malignant growths, is no proof of the truth of Hahnemann's theory, unless we could show, on the one hand, that cancer and malignant growths are of psoric or sycotic origin, and, on the other that the so-called anti-psorics and anti-sycotics cure cancer and malignant growths by virtue of their power to antidote psora and sycosis.

"The address," you say, with that conspicuous truthfulness which characterizes all your article, "devoted its best energies in taking to pieces the structure of homœopathy as we in this country understand it." And then you launch out into a fine display of what some of your writers term "spread-eagleism," in which the "splendid success" of American homœopaths, their "wealth and power," their "irresistible advance from the narrow beliefs of a few old-time practitioners," then constituting seventy-five per cent. of the homœopathic profession in the world (in my address I think I credited you with ninety per cent.), who all "employ the methods and menstua decried in my address" (I have the honor to know a goodly number of American homœopaths who

have not bowed the knee to the high-potency Baal), form a brilliant corruscation calculated to dazzle the mental vision of your readers and pale the ineffectual fire of the feeble glowworm by an address of one who, as you, with characteristic high-potential courtesy express it, "has filled the not very delectable office of valet to Hahnemann's literary remains." As such I beg to subscribe myself,

Your most obedient, humble servant,

R. E. DUDGEON.

SEAVIEW, ISLE OF WIGHT,
August 2, 1891.

TOXICITY OF THE EXTRACT OF FILIX MAS.*

By S. LILIENTHAL, M. D.

PROF. PREVOST, of Geneva, and Dr. Poulsson* published in Swiss journals several articles on it, where they cite : 1. A man of thirty years took by mistake, in two doses, at intervals of several hours, 45 grammes of the extract. From the first dose a weakness in pit of stomach, and from the second vomiting and diarrhea ; a few hours later cramps in the head and feet, and profuse sweats ; finally coma and death in twenty hours after taking the extract. The mucosa of the stomach and of the intestines showed many ecchymoses. 2. A child of two and three-quarters years took in five hours eight capsules holding each one gramme of the extract and one gramme castor oil. It soon became somnolent, paralytic, and died after several convulsions ; autopsy: small hemorrhages in the mucosa of the stomach and intestines. 3. A child of five and one-half years takes $7\frac{1}{2}$ grammes of the extract in three doses ; faintness, coma, convulsions every ten minutes, death after six hours. Mucosa congested without hemorrhages. 4. A person of twenty-two takes 7 grammes of the extract and the same quantity of the powder, followed in an hour by a tablespoonful of castor oil. After several hours' faintness, headache, and diarrhea. Next day drowsiness, icteric color of the face. The third day collapse ; beat of heart frequent and weak ; filiform pulse ; breathing superficial, fails to react to stimuli ; amelioration by injections of ether and camphor. He has complete amaurosis without ophthalmoscopic lesions. Very lengthy recovery. Urine albuminous for several days. 5. A woman of twenty-six years takes 17 grammes of the extract and the same quantity of the root of pomegranate in several doses : vomiting and purging, extreme weakness and sopor for thirty hours. Left-sided amaurosis with dilatation of the pupil without ophthalmoscopic lesion ; recovery. 6. A physician took four grammes of the extract, followed by hiccough, cold

**Archiv. f. exp. Pharmacologie*, 23 vol., July, '91.—*Revue Médicale de la Suisse Romande*, May, 1891.

sweat, dizziness, and trembling ; then vomiting and purging and loss of consciousness for an hour. Well next day—7 and 7 bis. An adult, after 15 grammes, faintness and dizziness for three days. A child suffers the same after 6 grammes—8 and 8 bis. A child of seven years, after $3\frac{1}{2}$ grammes, jaundice ; and another of ten years the same. 9. Several cases of functional amaurosis and jaundice. 10. Several cases of albuminuria with cylinders, syncope, and epileptoid convulsions. Collating the symptoms shows : 1. Symptoms of gastro-intestinal irritation, with redness and hemorrhages ; 2. Nervous symptoms : convulsions and paralysis ; 3. Albuminuria and perhaps also glycosuria which Oneill observed on a rabbit. According to Prevost even strong and repeated doses hardly cause any accidents in animals, when taken per os ; but subcutaneous or intra-peritoneal injections cause grave symptoms in mammiferæ, as vomiting, progressive dyspnœa, and death two hours after the injections, after some cramps in the extremities. In guinea pigs, after injections of about three grammes to the kilogramme, one sees, after half an hour, dyspnœa, trembling, starting, progressive coldness, and death in an hour after injection. In rats the same symptoms ; the rabbit seems less impressible. At the autopsies the digestive tube did not seem to present any signs of irritation ; the blood is dark, but without methæmoglobine ; the heart hard in systole, the muscles in persistent rigidity ; the latter nearly a constant symptom, even in the period of agony. The essential extract of male fern is constituted by an oleoresins, from which several acids were isolated, especially the filicic acid, and Bulle, Buchheim's assistant, found that, when impure, the acid is toxic, but not when purified and crystallized, hence many believe that the toxic and tænicide principle does not exist in the pure filicic acid, while Poulssohn found that when one dissolves the pure crystals of this acid in an alkali and then destroys this combination by the aid of an acid, an amorphous precipitate follows which shows exactly the toxic qualities of the extract, which Tromsdorff called filicine. This amorphous filicic acid is very soluble in oil, but when dissolved in ether, it precipitates, by evaporation of the ether, crystals of filicine. Injected into the vein of a rabbit the filicic acid in a weak alkaline solution at the dose of 0 gr. 1, causes extreme weakness, with exaggeration of reflex excitability, more or less general convulsions, and sometimes tetanic contractions, extreme dyspnœa and death about an hour after the injection. Where the dose is only 0 gr. 0.6, the animals are not paralyzed, but weakened, refuse to feed and die from exhaustion after several days. Per os, the lethal dose is 0.05, and as the absorption is slow, the animals appear nearly normal for the first day, then they show symptoms of weakness in the lower extremities and some slight diarrhea. From these observations Prof. Lepine of Lyons concludes : 1. One should never give more than from 4 to 10 grammes of the extract, and

2. Try to avoid the absorption of the toxic principle. A prolonged diet ought never be prescribed before giving the drug, for it favors absorption and shortly after giving it a purgative ought to be employed, which must not be castor oil, as oily substances favor its absorption. Considering that filicic acid is the active principle of the extract and that it is very variable in the ethereal extract, not only on account of the variety of rhizomes, but also on account of the age of the extract, Poulsson favors the employment of the filicic acid, but we must first establish its posology, which so far has not been done.

SAN FRANCISCO, CAL.

PHARMACY AND PROVERBS IN MATERIA MEDICA.

By M. W. VAN DENBURG, A. M., M. D.

PHARMACY.

IN his *Materia Medica* of the future (*Transactions of the American Institute of Homœopathy*, 1889, p. 406), Dr. Hayward, of Liverpool, Eng., says: "Every *materia medica* should give something of pharmacy." He then proceeds to give a list of the things that should be shown.

I now desire to present the readers of the *AMERICAN HOMŒOPATHIST* with a wrought out example of what it seems to me should precede every drug—something regarding origin, preparation, use, and proofs that you have the drug you desire.

The objections to this plan are, in so far as I have heard them named:

First. That we have special books devoted to this topic alone, and hence it is not necessary.

Second. In a work so extensive in its scope as the one I propose, it will be adding to an already large amount of matter.

To the first my reply is, it is a great convenience, in studying any drug, to have its history at hand in the same connection. To be obliged to consult another book for this information is often tantamount to going without the information; for the trouble is great if you have the book; and greater still if you do not have it. As regards the second, if printed in smaller type, the space added to each volume is very inconsiderable, not more than fifteen or twenty pages at most, and the increased usefulness is out of all proportion greater than the loss of space sustained.

The present example, taken from *Ars. of Sod.*, is perhaps as fair illustration as any, of the scope covered by this topic.

GENERALITIES.

NAME.

1. *Medical name*—Arsenate of sodium. $\text{Na}_2 \text{H As O}_4$.
2. *Common name*—Arsenate of soda.
3. *Chemical name*—Arsenate of sodium.
4. *Synonyms* : Latin—Sodii (Sidie) arsenias, U. S. P., Br. P., N. D., U. S. D.
Natrium arsenicatum, Hering.
Natrium arsenicum, Am. Hom. Phar.
Eng.—Arsenate of soda, Am. Hom. Phar.
Fr.—Arsenate de soude.
Ger.—Arsenaures natron, Natrium arsenate (?).

DESCRIPTION.

5. Chemical.

The different formulæ of this salt are best understood by studying the stages of development through which they pass in changing from one to another.

6. Method of preparation :

The Br. P. thus advises :

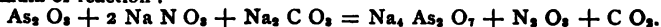
Arsenic ($\text{As}_2 \text{O}_3$), 10 grains.

Nitrate of sodium (Na NO_3), $8\frac{1}{2}$ grains.

Carbonate of sodium ($\text{Na}_2 \text{CO}_3$ —dried), $5\frac{1}{2}$ grains.

Fuse at a red heat, until effervescence ceases, and pour upon a slab ; the resulting compound will be pyroarsenate of sodium ($\text{Na}_4 \text{As}_2 \text{O}_7$).

Formula of reaction :



This formula reads, arsenic, plus nitrate of sodium, plus carbonate of sodium (dried), equals, pyroarsenate of sodium, plus nitrous anhydride (a gas), plus carbonic acid (gas).

If now, this pyroarsenate, while still hot, be dissolved in boiling water, and recrystallized, the resulting form will be in fresh crystals, represented by the formula, $\text{Na}_2 \text{H As O}_4$, $12\text{H}_2 \text{O}$; these soon effloresce and yield a stable salt, having the formula, $\text{Na}_2 \text{H As O}_4$, $7\text{H}_2 \text{O}$. Since the latter form is very apt to contain traces of the former, the invariable anhydrous salt should always be employed, thereby maintaining constancy in the strength of the preparation.

This anhydrous salt may be prepared from either of the above hydrated forms, or from a mixture of the two, by carefully heating the crystals to 300°F .

The formula becomes after heating, $\text{Na}_2 \text{H As O}_4$.

A solution or one part (or twenty-three grains), in ninety-nine parts of distilled water (or five fl. oz.), to make 100 parts, forms the liquor sodii arseniatis.—U. S. P.

Recapitulation :

Pyroarsenate of sodium is, $\text{Na}_4 \text{As}_2 \text{O}_7$.

Perhydrated arseniate of sodium is, $\text{Na}_2 \text{H As O}_4$, $12\text{H}_2 \text{O}$; or 53.7 per cent. of water.

Hydrated arseniate of sodium is, $\text{Na}_2 \text{H As O}_4$, $7\text{H}_2 \text{O}$; or 40.4 per cent. of water.

Anhydrous arseniate of sodium is, $\text{Na}_2 \text{H As O}_4$.

Properties :

The hydrated forms of arseniate of sodium exist in colorless transparent crystals, having a prismatic form, odorless, of a mild, feebly alkaline taste, and a faintly alkaline reaction. They are soluble in 4 parts of water, slightly soluble in alcohol, very soluble in boiling water, soluble in 30 parts of boiling alcohol.—U. S. P.

Tests.

The aqueous solution has a slightly alkaline reaction. It yields white precipitates with the soluble salts of barium, calcium, iron, lead, and zinc, and a brownish-red precipitate with the nitrate of silver ; all these precipitates are soluble with nitric acid, that with the ferric salt turning red with the addition of heat.

The cold aqueous solution of the salt, acidulated with hydrochloric acid, should not at once produce a yellow precipitate, nor assume a yellow color, on the addition of hydrosulphuric acid. (This denotes an absence of the arsenite).—U. S. D.

An aqueous solution of $12\frac{1}{2}$ grains, acidulated with acetic acid, requires not less than 34 grains of acetate of lead for complete precipitation. Br. P. (This test is intended to show the absence of notable quantities of other salts.)
—N. D.

7. *Preparations used:*

(a) *Homœopathic.*

The anhydrous salt, as stated above, is a stable drug of uniform strength, and, hence, by far the most suitable for use.

The "liquor sodii arseniatis," U. S. P., is made by dissolving $4\frac{1}{2}$ grains ($4\frac{1}{2}$), in one oz. water (distilled). This is strong enough to form the basis, or θ of the homœopathic dilution; (in the provings the θ was made by dissolving 10 grains [53.7 per cent. water] in 1 oz. distilled water).

Dilutions from this would be made with water and alcohol, gradually increasing the latter until absolute alcohol would be used.

Triturations may also be used. The drug has been put upon the market in the form of tablet triturations, ranging from $\frac{1}{10}$ to $\frac{1}{100}$ of a grain each.

Probably either dilution or trituration is reliable.

(b) *Allopathic.*

"Liquor sodii arseniatis is simply an officinal form for the administration of the arseniate of sodium. It contains 1 per cent. of the arseniate of sodium, when prepared as directed (see above). The commencing dose is from three to five drops or minims; this is to be very cautiously increased, if necessary."—U. S. P., 1889.

THE HISTORY OF PROVERS.

The history of provers and authorities is a more important question. It is not enough to place a list of provers at the head of a pathogenesis. For practical purposes a list of any other *names* would do just as well. Especially is this true when no reference is made in the symptomatology to the prover or provers who afforded any particular symptom. This seems to me a fatal defect as far as usefulness is concerned. Of what value is this list? None at all that I can see except to take up space.

Again, it is not enough to dismiss a prover or a toxic case with the brief mention, "took so much of the drug," or, "such a potency." It makes a great difference in the estimate of drug effect to know whether that effect was the result of one dose or of long-continued use. Few drugs acting as chronic poisons exhibit the same phenomena shown when acting in a single dose or acute attacks, so to say, of the drug-disease; or the same symptoms at the end of a proving as manifested in the beginning.

It has seemed to me an understanding of the drug effect is greatly aided by knowing (1) the potency; (2) the dose; (3) the repetition of dose; (4) the time the drug was used (continuation); (5) when the symptoms began to appear; (6) when the drug ceased to be taken; (7) when the symptoms ceased to appear.

Surely, a symptom appearing toward the end of a case of chronic arsenical poisoning, sputa for ex., should receive a value quite different from "burning in the stomach," which may arise in a few minutes after taking the drug.

A few examples from Ars. of Soda are appended to illustrate this point.

It is not possible to gain all these points from the histories at our

disposal, and where they are wanting it is to be inferred that the record is imperfect in the original.

This imperfection, like many others in our present materia medica, can only be remedied by careful, scientific re-proving.

AUTHORITIES FOR SYMPTOMS.

8. *Discussions of Sources of Symptoms.*

The provings of arseniate of soda are very satisfactory, if we except a few details that will become apparent in the discussion of the record.

Thorough provings were made in 1875-76 by the Materia Medica Club of Alleghany County, Penn.; Trans. Penn. State Hom. Soc., vol. ii., p. 186, etc.; Cyc. Drug Path., Part III., p. 401, etc.

The formula for the preparation of the drug used in the provings was slightly different from the one given above.

Arsenic, 10 grains.

Nitrate of sodium, 8 grains.

Carbonate of sodium (dried), 5 grains.

Prepared as above stated, "the fused mass, partially cooled, is then dissolved in boiling distilled water and allowed to crystallize. The dried crystals are then transferred to a glass-stoppered bottle to prevent efflorescence."

From this it will be at once seen that the form used was the perhydrated, the most unstable of all the states in which the salt exists.

A tincture, or θ , was made from this salt by dissolving 10 grs. troy in one ounce of distilled water; dilutions were made with distilled water as far as the third, and beyond this with alcohol; "all dilutions were made on the decimal scale."

"This proving was commenced on all who took the drug with the 30x in 5, 10, and 15 drop doses; each dose to be put in about an ounce of water, and taken in that form on an empty stomach. The drug was taken at about the rate of three doses per day. None of the provers knew upon entering the proving what drug they were taking."

Nine persons contributed to the first proving.

Three of the original provers went over a second proving, each taking an ounce of the tincture. "The records in the re-proving were noted by a person other than the prover to correct a defect in the first records growing out of the marked influence of the drug upon the memory."

The following is a brief statement of the history of each prover's experiences, together with the signs by which each is indicated in the symptom list. The numbering of the days has been slightly amended to give a more correct idea of the time at which each given symptom appeared in relation to the potency taken.

9. *Provers and Abbreviations Employed.*

(P. 2).—Millie J. Chapman, M. D., took

(a) 30x, dil.

and reported symptoms from the 2d to the 6th day inclusive. (C. D. P., p. 401.)

(b) 12x, dil.

She then [probably with no interval, Ed.] reports symptoms for the next 8 days. (C. D. P., 7th d. is [2b] 1st d.) (C. D. P., p. 401.)

P. 4).—J. C. King, M. D., took

30x, dil.

(a) and began to report symptoms on the second day; the last symptom reported from this potency is the 5th day; no statement when he ceased the drug. (C. D. P., p. 401.)

(b) 15x, dil.

He then [probably after a short interval, Ed.] begins to report symptoms, the record continuing for 10 days. (C. D. P., 9th d. is [4b,] 1st d.) (C. D. P., p. 402.)

(c) θ .

He next reports symptoms from θ , but when he ceased 15x, or when began θ , cannot be made out from the record; the symptoms here cover 6 days. (C. D. P., 21st d. is [4c,] 1st d.) (p. 402.)

(a) θ .

After an interval of 10 days (during which it does not appear whether he ceased to take the drug or not), he reports farther symptoms from θ , for a continuous period of 22 days; he apparently ceased the drug at about the 16th day of this second period; the numbering of this period in the report is continuous with the preceding, including the 10 doubtful days. (C. D. P., p. 402, 36th d. is [4d.], 1st d.)

(c) (Chronic).

He also reports symptoms which are still present at the end of two years. (C. D. P., p. 402.)

(P. 10).—Fredet (*Études de q. s. de l'arsenic*, p. 78). (C. D. P., Part III., p. 400.) 6th trit.

"Being in good health, I proved the arseniate of soda, taking of the 6th trit. as much as would cover the point of a penknife, three times a day." The drug was taken for 6 days; symptoms reported for the 5th and 6th days. (C. D. P., p. 400.)

THE ACTION OF IODIDE OF POTASSIUM IN TERTIARY SYPHILIS. *

By C. KNOX SHAW, M. R. C. S.

IF there is one fact that stands out clearly amid the general unbelief in the action of remedies, it is the universal acceptance of the curative power of the iodide of potassium in tertiary syphilis.

I am referring, of course, to those late manifestations of syphilis, which are characterized by the local fibroid degeneration surrounding a more elastic, and rather softer matter which distinguishes the gummatous deposit.

Though the efficacy of the power of the iodide is acknowledged, yet the explanation of its action is various and unsatisfactory. I do not propose to discuss the probabilities of the theories advanced, but as a matter of interest, will merely mention one or two. "The iodine set free from the iodide is taken up by albuminous substances, and the entrance of the iodine molecule into their composition causes them to undergo more rapid metamorphosis. Gummatous deposits appear to be especially affected in this way." (Brunton). "The beneficial action of iodide of potassium may be due, in part at least (when mercury has been given in the earlier stage of the disease), to its again liberating part of the mercury which has been in a state of more or less dormant combination with some of the tissues." (Brunton.) Some who otherwise cannot explain its action, speak of it as a "specific."

Most writers on homœopathic therapeutics acknowledge the power of iodide to remove tertiary deposits, but are unable to claim this action as an illustration of the law of similars. Dr. Hughes says that "the indications for its use must not be looked for in its pathogenesis!" Dr. Trites, in his article on Syphilis in "Arndt's System of Medicine," writes: "How the iodides act in tertiary syphilis is an open question, but the action is certainly dependent upon the rapidity with

* Read at the British Homœopathic Congress.

which it finds its way into and out of the blood." Dr. Madden in the *British Journal of Homœopathy*, vol. 26, p. 415, expresses the opinion that "the cure of tertiary syphilis by the iodide of potassium is specific but not homœopathic," and himself inclines to the view that the new growths are quasi-parasitical, and that they are removed by the parasitidal action of the drug. Dr. Allen, too, is unable to attribute its action to its homœopathicity to the disease.

As far as I can judge, the reason for giving the above opinion arises from the fact that in the pathogenetic action of the drug, no conditions have been produced that are in any way similar to the manifestations of tertiary syphilis. On carefully studying the article on Iodide of Potassium in the "Cyclopedia of Drug Pathogenesis," it is very evident that few observations are there recorded that help us in this matter. Ricord's statement that when the drug had been given in strong doses, in a case of cancer of the face, he had seen a rupia—like rupia cachectica—develop on the legs and forearms, seems to be the only inkling we get of the action of the iodide upon the deeper tissues. The amount of the drug used in all the cases was either frequent small doses or a few large, but seldom repeated ones. I was, therefore, content to leave the action unexplained, until I read Mr. Hutchinson's very interesting book on Syphilis, p. 304, published by Cassell & Co., in 1887, when I came across the following: "On cases of poisoning by the iodide of potassium. The eruptions which occur in connection with iodide of potassium are very various in character, and some of them closely resemble in appearance those due to syphilis. Thus mistakes may very easily occur, and the remedy may be pushed in the hope of curing symptoms of which it is itself the cause. I believe that I have known more than one case in which, where this mistake was made, a fatal result followed. For when the depression from the iodide has reached a certain point and been continued for a certain time, the system recovers with difficulty or not at all when it is discontinued. . . . It is a curious fact that these eruptions on the skin in many cases begin immediately after using the first few doses; now and then a single dose is quite sufficient to bring them out. They may occur at any age, and are often very severe in the young. . . . An acne eruption, occurring on the face first and subsequently on the body, is by far the commonest of the iodide eruptions, but is not the only one. The eruption may be vesicular, or bullous, or flat-topped tubers, such as we see more frequently after the use of the bromide. Speaking generally, I know of no rules whereby an iodide rash can be distinguished from the bromide."

Hutchinson remarks upon the idiosyncrasy of some persons to the action of the iodide. In some a grain or two will produce iodism, and in others dram doses or even more will produce no apparent harmful

effect. He has known cases cured by a third of a grain, and others requiring an ounce and a half in the twenty-four hours.

Here was indeed food for reflection, and though not exactly establishing the relationship between tertiary syphilis and iodide of potassium, yet it opened the door to the probability of there being a similarity between the disease and the drug. This probability was further strengthened by the publication by Mr. Hutchinson of two plates in the first volume of his "Archives of Surgery." These plates are so interesting that I ask you to study them, and I venture to assert that if anyone here present were called upon to diagnose such a case, his opinion would most probably be that it was undoubtedly the manifestations of tertiary syphilis.

I do not think that I can do better than quote the remarks that accompany the plates. These two portraits "belong to the same case, and illustrate the most exaggerated form of iodide of potassium eruption which I have ever seen. I do not think that there could be any reasonable doubt that the huge tuberos masses here depicted were really the result of the use of the iodide. As such I diagnosed them before knowing anything of the man's antecedents, and subsequent inquiry confirmed the suspicion. It will be observed that they are very similar in all local characters to others which have been not unfrequently observed after the use of the iodides and bromides, differing simply in the size attained. The explanation of the very large size of the growths in the present case was to be found in the fact that the dose of iodide had been steadily increased as the eruption advanced.

"The patient was a man aged twenty-six, who was admitted in the London Hospital much in the same condition shown in the portraits. The latter were, indeed, taken on the day after his admission. He died from exhaustion a few days later. On inquiry at the hospital in which the man had been treated before he came to us, it was ascertained that he had been admitted there on account of some swelling of the groin, which was diagnosed as syphilitic. He had at that time no skin eruption whatever. Iodide of potassium in five-grain doses was at once ordered. An eruption soon began to appear, and as it was considered to confirm the diagnosis of syphilis the iodide was increased to ten grains at the end of a week. Ten days later it was increased to fifteen, and later still to twenty. He continued it without intermission from July 23 to October 9, when mercury was substituted. The eruption had been steadily getting worse the whole time, but as it had been throughout considered to be syphilitic the specific had been pressed.

"On careful inquiry I did not think that there was much reason to suspect that the man had really had syphilis. He lived for about a fortnight after the iodide was completely left off, but during this time no material change occurred in the eruption. He was in an extremely

feeble condition the whole time, and his death was from exhaustion. The microscope was carefully used, but revealed nothing of importance." Hutchinson further suspects that not a few cases which have been classed as cutaneous gummata in connection with syphilis have been really examples of iodide of potassium eruption, and not only is it necessary in the diagnosis of syphilitic gummata of the skin to first eliminate iodide eruptions, but the same remark applies to the various conditions which have been grouped together under the name of "granuloma fungoides."

It must be very rarely indeed that we can get such evidence of the action of large and oft repeated doses, and I have tried to confirm this action by reference to other cases. In my researches I have been very materially indebted to a work by Dr. Prince Morrow, of New York, published in 1887, entitled "Drug Eruptions"; and I would commend this book to the notice of the editors of the "Cyclopedia of Drug Pathogenesis." The chapter on Iodide of Potassium shows that Dr. Morrow has made very extensive investigations into the subject, and from his bibliographical references I have been able to trace to their original sources many of the articles therein referred to.

I do not intend to refer to the manifestations of iodism, which are so well known to us all, but to pick out such cases as I hope will throw light on the subject of this paper; nor do I propose to weary you on an occasion like this with tedious details of symptoms. If the suggestions of the paper are of any value the compilers of our *Materia Medica* will naturally refer to the articles themselves for the necessary information. So may I ask your attention for a few moments to some interesting records of the pathogenesis of the iodide of potassium.

In addition to the rupial sores described by Ricord, he has further noticed a nodular erythema (*Bullet. de Thérapeutique*, t. xxiii, p. 162, 1842). Celso Pellizzari, in a paper in the *Archives of Dermatology*, July, 1881, p. 263, on some phases of the pathogenetic action of the iodide, reports a case where a man, aged thirty, was for some syphilitic symptoms ordered fifteen grains of iodide of potassium each evening and some mercury during the day; the latter he soon left off, but he continued the iodide, from March 20 to April 14, when he became very ill and was admitted for what was supposed to be glanders. He had many large inflammatory nodular masses varying in size from that of a nut to an apple, seated in the subcutaneous cellular tissue. The nodules were round and situated under the skin, so much so that the latter did not take part originally in the morbid process. Abscesses formed, but healed slowly and left cicatrices. On omitting the iodide the eruption departed but recurred each time the drug was repeated.

In the same paper, Professor Pietro Pellizzari is stated to have seen a patient in whom the iodide produced inflammatory masses in the subcu-

taneous cellular tissue ; and another, a lady, in whom he could cause the reappearance of nodules at any time as large as a fist, by giving the iodide. Celso Pellizzari agrees that the rupioid form is certainly much less frequently met with than urticarial.

Besnier had a patient, a man, aged forty, who consulted him for an eruption on the palm of the hand, which was very difficult of diagnosis, but for which he gave him two grammes of the iodide of potassium daily. This was followed in a week by an eruption on the face and thorax of veritable tumors, varying in size from a small to a large pea. They were of a reddish coppery hue, flabby, almost fungous, and presenting punctate depressions. Incision only gave exit to blood. A similar condition was observed in a woman aged sixty-five.

Dr. Valanur observed (*Journal of Cutaneous and Venereal Diseases*, 1884), in a woman, aged forty-nine, with mitral disease, who had been given for four days two and a half grammes of the iodide, that she was attacked with acute pain in the buttocks, thigh, calf of leg, and in the dorsal regions. Then there appeared upon the parts small indurated nodules of the size of a nut of a deep red color, and readily appreciated by palpation. During three days they developed in size, one or two attaining the volume of an egg. The iodide was repeated three times, and after each repetition the same symptoms appeared.

Talamon (*Journ. de Méd. et Chir.*, 1885) reports the case of a woman in whom two and a half grammes of the iodide produced an eruption resembling erythema nodosum.

Hallopeau (*L'Union Médical*, 1885) observed the development of painful nodes in one of his patients, which was repeated every time he took the iodide of potassium. The tumors were oval in shape, reddish at the surface, and painful on pressure ; they were chiefly situated over the anterior surface of the thighs. She also had iodic purpura.

Dr. Prince Morrow himself lost a patient from iodide poisoning, where tubers were developed, but there was much more general dermatitis than in Hutchinson's case.

Dr. Fox says (*Trans. Clin. Soc.*, vol. xi) that he has often been consulted for supposed syphilis, when the disease has been simply an iodide rash. Dr. Morrow, too, asserts that cases of iodide poisoning "have been mistaken for syphilis, and the iodide may be continued, possibly in increasing doses, for the very condition which it has caused."

I think I may fairly say that these records establish the fact that there is in the pathogenetic action of the iodide of potassium, a condition markedly similar to the tertiary manifestations of syphilis. The evidence I have adduced is not biased, as in none of the cases was an attempt made to prove the drug with preconceived notions as to its action, but the symptoms occurred during the administration of the drug, and

in most cases the action was verified by the withdrawal and renewal of the drug.

The study of the subject brings out strongly one or two very interesting points, to which I wish for a moment to draw your attention.

One is summed up by Dr. Prince Morrow as follows : " The length of time which intervenes between the administration of the drug and the first appearance of the eruption varies according to the size of the dose and the predisposition of the individual ; usually it is from the third to the sixth day ; it may be a few hours or several weeks." There seems to be no definite relation between the size of the dose and the form of the eruption ; this would appear to be a matter of individual constitution. It is very striking what a prominent part the peculiar idiosyncrasy of the patient plays in the development of iodism. The pathogenetic action of the drug may be produced in one patient by a grain or two, and in another very large doses are needed before any effect is visibly excited. May not this be a key to the fact—surely observed by all who have given the drug therapeutically—that in some cases of tertiary syphilis a cure can be obtained by a small dose, while in others it is only when the large dose is reached that any benefit is obtained. I would venture to suggest from this fact that there is a direct correspondence between the dose of the drug in its pathogenetic and curative action. As in some cases the pathogenesis is induced by small doses, so in some cases the cure is obtained with small doses. But as in other cases large doses are required to bring about any pathogenetic action, so there are cases of tertiary syphilis which can only be influenced by large doses of the iodide.

In commending this very imperfect paper to your kind consideration, may I ask for an expression of opinion as to whether in the light of later investigations and observations we may not, with some degree of probability, ascribe a homœopathic action to the action of iodide of potassium in tertiary syphilis.

A STUDY OF THE CAUSES OF DISEASES AND HOW TO TREAT INFECTIOUS DISEASES.

By PROF. HUEPPE.

OUR present therapeutic measures lead more to dietary and hygienic measures ; otherwise they treat only symptoms, and most clinicians think the most of the prevention of diseases. It is certainly not a benefit that by the teachings of men like Henle, Klebs, Hueter and Koch the microbes are considered as the cause of infectious diseases, and the problem of causality is thus entirely neglected and forgotten. Let us rather acknowledge that the causes of infectious diseases must

be looked for in our organisms, where there is a disposition for them or an immunity against them, and the microbes will only act according to this disposition or immunity ; and we must also consider the conditions under which the organism is suffering. If either one is waning, neither fermentation nor disease will be noticed, and constitutional therapeutics deserve our closest study. Surgery nowadays goes too far, and it would be well if in many cases surgeons would try internal treatment before having recourse to the knife. So many of our own physicians forget entirely the aphorism of Paracelsus, that drugs have two different actions, of which one rouses the healing power of nature, while the other destroys the seed of the disease. Thus Van Swieten, *e. g.*, showed that opium in large doses narcotizes, but stimulates in small doses. From sheer laziness physicians adopt only the quieting effect, and only physicians practicing in places of mineral springs accept the stimulating effects of mineral doses. The reaction against the one-sided use of exorbitant doses of drugs resulted in the birth of homœopathy, whose disciples leaned too much to the opposite mistake by making their doses too small, or it brought forward the nihilisms of the Vienna school. Finally, the experiment, in connection with the experience gained about the action of the drugs, taught that any substance, fatal in a certain quantity to the protoplasma or to cell-life, acts in a small dose, paralyzing an inhibiting development, leading to a point of influence, and that quantities beyond that point produce the reverse effect of irritation and of increasing the function of the protoplasma. Here Hueppe and Pflueger are in perfect accord. The second fundamental fact is, that drugs, just like diseases, show specific peculiarities in their action and in their sequence on the tissues, as shown, *e. g.*, in arsenicum, sodium, phosphorus, mercury, as well as in the bacterial poisons which are used as preventatives. We never witness a general action, always only a predilection for certain territories of cells. The third fundamental fact is that the localization from the producer of the infection and from the drugs is everywhere the same, where experience demonstrated a specific action of the drug ; hence the action of mineral drugs always on the most dangerous diseased spot, and the same may be the explanation of Koch's lymph. (This will also explain another point in the pathogenesis of infectious diseases. . We often see that in an epidemic of whooping cough, diphtheria, etc., some remedy or remedies act well, which totally failed in other epidemics. As the qualities of the drug remain always the same, the difference must lie in the character of the epidemic. Are there different bacteria in different epidemics ?) A fourth fact is too often forgotten : that every irritation acts more intensively on its specific morbid tissue and cell-territory than on analogous healthy tissue. Thus tuberculinum is a mighty fine reagent,

specifically acting on tuberculous tissue, but primarily it does not narcotize, as Koch thought, but irritates and causes inflammation. Tuberculinum may be considered as a protein, *i. e.*, matter artificially extracted from bacteria, and now we might ask how proteines arise and how do they act? When some microbe is carried into a suitable tissue either by leucocytes or by the circulation, and it develops therein, it shows at first only the energy of growing. In its further course older individuals in the center of the tissues attacked die off and give rise to proteines—products of tissue change adding the chemical irritation to that of growth. New proteines must be differentiated from the genuine products of tissue change exacted by the living bacilli, and producing general effects, mostly of a nervous nature, which are known as toxalbumines. The proteines act more locally. Delving thus deeper into hypotheses about the action of bacteria and their destruction by nature or by art, Hueppe finally comes to the conclusion that prevention of infectious diseases is the chief duty of the age; and hygiene the only road to this prevention.

B. K. W.

How these four propositions of Prof. Hueppe tally with the teachings we receive in the *Organon*! and it really seems that our present generation of old school physicians now take more kindly to the psora theory of Hahnemann, so often despised and derided by those who adopt the name of homœopathic physicians. The dear old master ought to be with us now, for bacteria and other micro-organisms take the place of what he innocently considered the effect of the itch. Bacteriæ were then unknown, but a hundred years ago the itch was very prevalent. One speaks nowadays of disposition and immunity, and one word is as good as another, but it does not explain why one person is disposed to infection and another immune to it. The observing Hahnemann saw the fact, but failed to explain it, or rather began to theorize about it and failed, just as bacteriology will fail to explain it. Hueppe truly says that a faulty organism is the cause of the disposition, and his whole prevention consists in sanitary measures; but he fails to give us therapeutic measures, while Hahnemann taught us his antipsorics, which rouse up deficient cells and enable them to withstand the attacks from inside and outside. Because all trouble originates from a plus or minus of vital energy in the protoplasm of the cells, in these infinitesimal organisms, whose deviation from the norm even the microscope often fails to detect, the conclusion was forced upon his practical mind that only equally infinitesimal doses of the drug are able to cope with the diseased state, and he raised his voice against polypharmacy and the lethal doses which were then in vogue. The teachings of Celsus did their mischief for centuries, and our present age suffers from it still. How Paracelsus was maligned, because he showed that drugs have a double action, and while the one arouses the

healing power of nature, the other acts more destructively. Cinchona and the minimal dose are the godfathers of homœopathy, and our high potencies, not detectable by the microscope, the necessary corollary, just as mere sanitary prevention is the corollary of the nihilism of the Vienna school.

The second fundamental fact which Hueppe teaches he would also have found in that, to them the unknown book, the *Organon* of Samuel Hahnemann. There is in minimal doses no general action of a drug, but the remedy, like the disease, shows specific peculiarities which nicely cover one another, hence *similia similibus curantur*. His third fundamental fact emanates from the second proposition—the localization of the disease by the originators of the infection and by the remedies—is everywhere similar one to the other, where experience did demonstrate the specific action of a drug, which also explains why the same drug will remove the symptoms of the infection in one epidemic, and will ignominiously fail in another one. Hueppe feels sorry that so many physicians have entirely forgotten the fourth fundamental fact: that every stimulus acts more intensively on the specific morbid tissue and cell-territory, even on the solitary diseased cell, than on analogous healthy formations. The idea that all infectious diseases find the means of eradication in their own infectious matter is an old one, but after all they lately discovered that the specific poisons (the toxalbumines, not the ptomaines) are not identical with the healing and immunizing substances. My good old friend, Dr. Samuel Swan (another great Samuel), may take consolation that his theory and the facts drawn therefrom rest now on a scientific basis, acknowledged by learned teachers in European schools; but we might still ask, is such treatment in unison with the tenets of true homœopathy. Let us remain in the narrow path delineated to us in the *Organon*, for

In hoc signo vincimur.

S. L.

OBITUARY.

W. J. CLARY, M. D.

DR. W. J. CLARY, who lately died in Chicago at the age of sixty-seven, was born November 9, 1824, at Schofield, Lovaine Co., O., son of Eliza Williams and Thomas Clary. At the age of two years his parents moved to Monroeville, O., where he remained until the age of twenty-four years. He then began the study of medicine at the Eclectic Medical Institute of Cincinnati, O. He graduated in 1852 with high honors, and was offered a chair in the college, which he declined, returning to Monroeville, where he practiced some fourteen years. He was one of the first converts to Homœopathy and was one

of the pioneers of Homœopathy in Northern Ohio, associated with B. L. Hill, Gatchell, Beckwith, Storm, Rosa, and I. R. Buchanan, now of Boston.

During the war he gave his professional services free to the families of Union soldiers. At the close of the war he moved to Catawba Island, Lake Erie, and engaged in the culture of fruit for a few years as a rest from the severe duties of his profession. But at the earnest solicitation of his old friend, Prof. H. P. Gatchell, of Kenosha, Wis., he moved to the latter place and resumed the practice of medicine in partnership with that eminent physician. Later he came to Chicago, where he practiced until his death.

On his mother's side he was a direct descendant of Roger Williams and the Hamlins. On his father's of the Irish-French family Clary, noted in both Ireland and France.

He married Adaline Tennant, of the English family of Tennant, of which the explorer Stanley's wife is a descendant.

SAMUEL LILIENTHAL.

Née, November 5, 1815. Mort, October, 3, 1891.

AT the residence of his son in San Francisco, there passed away into the White Light of a Glorious Immortality, Samuel Lilienthal, whom the homœopathic profession had learned sincerely to love, not alone for his professional worth and work, but as well for his sweetness of mind and his purity of purpose. He was the Nestor of American homœopathic physicians. Although of foreign birth, he had, in his long life with us, become a typical American, as he was ever and always a typical homœopath and physician. Since the curtain of Eternity fell between Farrington and this life, the profession has lost but few members who will be so kindly remembered for their untiring perseverance in the dissemination of truth and the dispersion of error as Lilienthal. He was a master workman in the vineyard of *materia medica*; his voice and his influence were incessantly at work in this great field of Homœopathy; and when the pen fell at last from his nerveless grasp, it was in the midst of improvements to his Homœopathic Therapeutics. He had reached and passed the Scriptural limit of life; and he had withdrawn from practice because of the encroachments of physical infirmities; but in mental vigor he was and continued a veritable Titan to the last moment of his fast dissolving physical fabric. We shall think of him now as associated with the Immortals of our School, with many of whom he touched elbows and ideas in this life. Hahnemann, Hering, Dunham, Farrington. The homœopathic school can but illy spare its *materia medica* men—those who have grown gray in the service; they are not overly plentiful. The Old Guard—which dies but never surrenders—form the imperishable link between the actual present and the great dead of homœopathic history: these have not many followers. Prosperity, Security, and Affluence have deadened the newer generation to the primitive vigor of the immediate disciples of Hahnemann; have made them unmindful of the era of stripes and blows; and indifferent to the necessity for eternal vigilance. To this ancient homœopathic Illuminati, Homœopathy meant a divine healing principle, not to be compromised nor even contaminated by a momentary contact

with the whilom foulnesses of the old school. It was to them the veritable Messiah come to deliver suffering humanity. Lilienthal—*anglicé*: Valley of Lilies—was one of the Old Guard, he was as emblematical of purity in diction and purity of motive, as the lily is emblematical of purity and sweetness. He had stood in the bright light of searching criticism for at least two generations, and yet Rest came to him without one blemishing thought in his heart. He had been a true defender of the Faith. He had lived to see his school enter the Promised Land; and before his transfiguration on the Mount of Immortality, it was given him to foresee the ultimate extension of Homœopathy to the uttermost parts of the earth. Lilienthal the man has gone. But Lilienthal the *Homœopath* has taken his place in that bright galaxy of homœopathic stars, amid the constellations of the first magnitude; and his name, his life, his influence, his teaching, his work, will go on and on to the confines of Time. Alter Freund, Gute Nacht—bis Morgen!

BOOK REVIEWS.

INFLUENZA AND COMMON COLDS: THE CAUSES, CHARACTER, AND TREATMENT OF EACH. By W. T. FERNIE, M. D. Percival & Co.: King Street, Covent Garden, London, 1890. 3

Mirabile dictu! Here lies before us a remarkably fine essay, written in the clearest and most pleasing of English, freed of egotism and jealousy, short, sweet, and to the point, and yet the author is just simply an "M. D."; no A. B. or A. M., LL. D. or F. R. C. S.; neither is he professor of half a dozen colleges, honorary member of a dozen societies, nor editor or frequent contributor to the literature of his school. This man is willing to stand before his reader, not on his titles, but on his work; and his work will carry him through safely; and this happens in titular England, too! In democratic America, where a man's a man for a' of that, it is the proper thing for every recent graduate, and others, if he is moved to pour out his spirit on paper, to affix all his many some titles, secretaryships, memberships, etc., etc. This adds great weight and surpassing luster to the literary creation. Paugh! An ounce of civet, good apothecary! In a practical country, where literary degrees are obtainable for the asking or the paying, to parade a long string of initials is as silly a vanity as can well be devised. Commend us to the wise policy of McClelland, of Pittsburg, who says that the higher up a man gets the less titles cling to him. That's the American *idée*! Possibly being one of the foxes without any tail, our purpose is to have all the other foxes drop their tails. Perhaps, also, not. Dr. Fernie furnishes his readers with a handsome little book, filled from cover to cover with practical "horse-sense." He treats the question of influenza in a most excellent style, readable, understandable, and, as already stated, freed of the bigotry of the schools. Every page teems with bright ideas, couched in yet brighter language. Even when recommending treatment, he does so with that *savoir faire* which endears one scholar to another. His treatment is not always our (homœopathic) treatment, but it is suggestive, and a good practitioner will not do violence to his alma

mater if he carefully read the little book and permit some of its historical, diagnostic, and prognostic landmarks to linger and find permanent lodgment.

SEXUAL HEALTH: A COMPANION TO "MODERN DOMESTIC MEDICINE." By HENRY G. HANCHETT, M. D., F. A. A. Carefully revised by A. H. Laidlaw, A. M., M. D. Third edition. Philadelphia: The Hahnemann Publishing House, 1891.

There is nothing new to say of this third edition. Our former remarks still hold good. The work is an excellent one; it deals with the topic in a masterly way and in unmistakable yet delicate language. The importance of sexual health who can overestimate? Who so well as the physician knows the sad prevalence of sexual ill-health? Therefore this book should find a place in every physician's library, and may by him be most unreservedly recommended to his families.

CONTROLLING SEX IN GENERATION. The Physical Law Influencing Sex in the Embryo of Man and Brute, and Its Direction to Produce Male or Female Offspring at Will. By SAMUEL H. TERRY. Third edition. Revised. New York: Clark & Zugalla, 33-43 Gold Street, 1889.

A very peculiar book; one which must be read with intelligence. The subject is one, as the author remarks, which has for some reason or other been voted too delicate to be approached as you would the discussion of the increase of a herd of cattle or sheep; and the determination of sex in the human being has by common consent remained in the hands of a Divine Providence, not to be pried into by finite man. Still the statistics of the world showing the preponderance of females over males, a preponderance growing with every year, it behooves the student of mankind, the lover of his race, to lay aside his reverential awe for the generative functions and discover in so far as he may the reason and correction of this increase in females. The author states the question very fairly, quotes statistical tables from many of the Eastern cities in support of what we all know to be a fact—the scarcity of males—and clearly sets forth that it is an imperative duty upon all to seek the rectification of a palpable wrong. Mr. Terry makes many references to the breeding of animals, and in a delicate albeit philosophical way brings his arguments to bear upon man, and very clearly, we think, proves his position, that the determining of sex in generation is not a blind, accidental, providential decree, but a rational law which may be safely carried into effect. The topic to be fully appreciated must be carefully read from Mr. Terry's argument, and we doubt not that his appeal to each reader's experience will strike a responsive chord. Stated briefly, he contends that the sex of the child is the opposite of that parent most sexually exalted at the time of conception; that is to say, a very strong father will beget girls, and *vice versa*. The reasons for this apparent contradiction of the current supposition that the strongest organism impresses his own sex on the offspring fills many pages, and is well and calmly described. We recommend the little book as a bright idea, well clothed, to every physician, who is so frequently importuned to say how sex may be predetermined.

A TREATISE ON THE DISEASES OF THE NERVOUS SYSTEM. By WILLIAM A. HAMMOND, M. D., Surgeon-General U. S. Army (retired list); late Professor of Diseases of the Mind and Nervous System in the College of Physicians and Surgeons of New York, the Bellevue Hospital Medical College, the University of the City of New York, and the New York Post-Graduate Medical School and Hospital, etc., with the collaboration of GRÆME M. HAMMOND, M. D., Professor of Diseases of the Mind and Nervous System in the New York Post-Graduate Medical School and Hospital, etc., etc., with 118 illustrations, ninth edition, with corrections and additions. New York: D. Appleton & Co., 1891.

A very complete book, perhaps one of the best in the school. Dr. Hammond has been so prominent a character in the eye of the medical and general public for so many years that a work from his pen upon a subject with which he had dealt and continues to deal as a specialty must prove of great value to all his readers. The book before us is not a new one, except in so far that this, the ninth edition, has been revised and re-written with the assistance of Dr. Hammond's son, so that in its present shape it presents only a passing resemblance to the original output in 1871. During this double decade the value of the book has caused it to be translated into French, Italian, and Spanish. Of the intrinsic value of Dr. Hammond's book nothing can or need be added at this time to what has been already said of former editions. The subject is handled in a masterly way, being divided into seven sections devoted as follows: to Diseases of the Brain; of the Spinal Cord; Cerebro-Spinal Diseases; of the Peripheral Nervous System; of the Sympathetic Nervous System; certain obscure Diseases of the Nervous System; and Toxic Diseases of the Nervous System. These technical topics are nevertheless filled with a fascinating narrative style of description, so that the reading is not burdensome on the general practitioner who needs must delve in the specialties occasionally. The cases cited under Hydrophobia and Epilepsy are particularly interesting and instructive. Alcoholism is given a chapter which will well repay careful reading. The publishers have put the book in handsome and substantial binding, and in the customary excellent presswork.

THE SECRET OF SUCCESS, OR FINGER POSTS ON THE HIGHWAY OF LIFE.

By JOHN T. DALE, with an introduction by JOHN V. FARWELL. Fleming H. Revell, Publisher in New York. W. A. Chatterton in Chicago.

We will admit imprimis that we argue ourselves deplorably ignorant not to know who John T. Dale is. Of Farwell we have heard a few things and happily always of the good order. But why John T. Dale should find it incumbent upon himself to write a book is not to our mind clearly set forth in any part of the book. The topic is a hackneyed one, although John T. Dale handles it with delightful freshness and vigor, and he fills his pages with many choice bits of information that are worth the price of the book. Just why a medical man, one presumed to be very busy with the practical affairs of life, should need to have this book on his table or in his pocket we do not understand. We are not condemning the book; by no means; we praise it for its excellencies and its straightforward way of inculcating valuable lessons; we simply fail to appreciate its value in the book market. There are

so many books written and published that the editor's table is littered with them : and notwithstanding John T. Dale's evident sincerity of purpose we think there are other fields in which John T. Dale could win greater renown and more lasting reputation than in this style of literature.

A TREATISE ON DISLOCATIONS. By LEWIS A. STIMSON, B. A., M. D., Professor of Clinical Surgery in the University of the City of New York ; Surgeon to the New York, Presbyterian, and Bellevue Hospitals ; Member of the New York Surgical Society ; Corresponding Member of the Société de Chirurgie of Paris ; with 163 illustrations. Philadelphia : Lea Brothers & Co., 1888.

A companion volume to the one on Fractures by the same author, and like that one is a superior work on this topic. Dr. Stimson possesses the very happy faculty of presenting an old and time-worn subject in an attractive light, for fractures and dislocations are of even date with the advent of man. Notwithstanding this, as already intimated, this book is pre-eminently practical, interesting, and attractive. Some few of the illustrations are "chestnuts," having appeared for many years in other works on Surgery ; but the letter-press, the descriptive parts, and the treatment are up to date and entitled to first rank.

GLOBULES.

—Dr. Sheldon Leavitt is very conveniently and comfortably located at 148 Thirty-seventh Street, Chicago, with specialty of gynecological surgery.

—Lee & Shepard, Boston, Mass., have issued a beautiful new calendar, *All Around the Year*, 1892, which they mail, postpaid, to any address on receipt of fifty cents. As a special favor they will furnish copies, postpaid, to anyone mentioning the *Homœopathist* on receipt of 25 cents each.

—TOBACCO REDIVIVUS.—One of the best local applications for swelled testicles is a poultice composed of one part tobacco to four of linseed meal. Tobacco usually relieves the pain and meal provides the heat. May also prove efficacious over the pubes in cystitis. Has Dr. Van Denburg seen this ?

—HOT WATER IN HOUR-GLASS CONTRACTIONS.—A writer in the *Lancet* reports good results from a stream of hot water thrown for fifteen minutes against a constricted uterus. This condition had followed instrumental delivery. The writer suggests the possible aid of hot water, two or three quarts in the bowel.

—OMISSION OF CREDITS.—Owing to the confused condition of affairs as the result of the fire which recently visited our establishment the proper credits were not attached to several papers published in our July issue, which had been received from the Ohio Homœopathic State Society. The omission was purely accidental.

—Dr. Frank Kraft, editor of this journal, on September 10 last, accepted place on the faculty of the Cleveland Medical College, being associated with Prof. H. H. Baxter in teaching materia medica. This change of base from a presumed friend to an inveterate enemy will be the subject of an early paper in the AMERICAN HOMŒOPATHIST.

—*Lippincott's Magazine* for November, 1891, has an interesting paper on George Alfred Townsend, who, under the name of "Gath," allows himself to be interviewed, and gives the history of his journalistic experiences in "An Interviewer Interviewed." Mr. Townsend has had a wide and varied newspaper experience, the story of which makes very interesting reading. The magazine has its other usual good grist of delightful and instructive reading.

MENSTRUATION AMONG INDIAN TRIBES.—The advent of puberty is celebrated by barbarous dances in some of the Indian tribes. At the Neah Bay Agency (Wash.) the menstruating girl fasts three days, then is stripped naked and washed in a stream in the presence of her friends and relatives. After this her parents give a *pil potlach* (giving away of blood), which is very disgusting, and is said to be somewhat of the nature of a birthday party. — *Medical News*.—*Dr. Currier*.

—"SO MUCH A FOOT."—A brand new graduate, fresh from the parting embraces of his *alma mater*, was called to attend an old lady suffering from tape-worm. Having relieved her of the parasite, he sent in an account for 10s. 6d., which the patient thought exorbitant and asked for particulars. These were given in the following terms: "For delivering you of a tape-worm 10½ feet long, at a shilling a foot, 10s. 6d."—*Medical Press*.

—CHRONIC ALCOHOLISM (*Gehrhardt*).

R	Tinct. Capsici.,	} aa.....	3 i
	Tinct. Zingiberis,		
	Tinct. Valerianæ Ammon.,	} aa.....	3 ii
	Tinct. Gentian Comp.,		

M. Sig. Teaspoonful in teacupful of hot tea three or four times daily.

Hot tea for an alcoholic! When you have used this a while you will gladly go back to Homœopathy for your similitum.

—**PRESENCE OF MIND.**—John Cozine, employed in a bobbin mill at Tunkhannock, Pa., saved his life recently by presence of mind and quick work. His left arm was caught in the machinery and his entire body was being drawn in. With his right hand he drew a knife from his pocket, and, opening it with his teeth, he cut the belt that drove the machinery. He will lose the arm that was caught.—*Cleveland World*. Well, that's all right. We expected, of course, that he would cut his arm off with his penknife. That's the way these adventures usually end.

—The American Obstetrical Society will hold its next annual meeting in the large clinic hall of the New York Ophthalmic Hospital on December 15. Addresses will be made by Prof. Walter Wesselhoeft, M. D., of the Boston University; Prof. Samuel Edgar Mortimore, M. D., of New York; George Clinton Jeffery, M. D., of Brooklyn, N. Y., and others, including Dr. George William Winterburn, the president of the Society. A cordial invitation is extended to all persons interested in this specialty.

—**LA GRIPPE IN LABRADOR.**—This malady, which has ravaged the States so terribly during the past two years, has just reached the Labrador coast and is creating great havoc among the inhabitants. The Esquimaux seem to suffer especially, and at Nain there is a report that they are dying so fast that they cannot bury them. All along the coast the report is the same, and at each harbor our doctor is kept busy, nearly all his patients being victims of this malady.—*Correspondence of N. Y. Times.*

—**ERRATA.**—In our October issue in the article on "Saw Palmetto," by Dr. Will S. Mullins, page 340, fourth line, the word *increase* should be *decrease*. This is necessarily a very important correction to make. It was wholly typographical.

Also in September issue in the letter from Dr. E. M. Hale, on page 324, ninth line from top of page, the word *Opium* should be *Apium*. Of course a medical reader would instantly detect the absurdity of an "Opium virus"; and if he was a homœopathic reader he would know that *Apium* virus was intended when the whole article deals in bees.

—**HOMŒOPATHS IN CONVENTION.**—The first semi-annual meeting of the N. I. and S. M. Homœopathic Medical Association was held September 22, at the Baldwin House, Elkhart, Ind. Members present: Drs. C. H. Meyers, Julia Godfrey, R. L. Suine, Walter D. Chaffee and F. C. Sherburne, South Bend; D. H. Lilly, Butler; Dr. R. N. Morris, Constantine; Dr. John Borough, Mishawaka; Drs. W. B. and M. K. Kreider, Goshen; Dr. H. F. Stewart, Wabash; Dr. W. E. Newton, Ligonier; Dr. J. Eaton Johnston, Hammond; Dr. Julia Holmes Smith, Chicago; Dr. Geo. Bowen, Fort Wayne; Dr. I. O. Buchtel, Auburn; Dr. J. P. Siegfried, White Pigeon, and Drs. Fisher, Thomas, Turner and H. A. Mumaw of Elkhart.

—Dr. W. B. Hinsdale, who was this year elected professor of materia medica in the Cleveland Homœopathic Hospital College, is making a decided impression upon the faculty and students as an able and efficient lecturer and instructor.

Dr. Hinsdale is a graduate of Hiram College, class of 1875, and of the Homœopathic College, and is a successful practitioner. He is the brother of Dr. Hinsdale of Ann Arbor University, who was formerly superintendent of schools in that city.

The chair of materia medica is a very important one, and the college is exceedingly fortunate in securing so able and honorable an instructor as Dr. Hinsdale to fill it.

—*Century* for November, 1891, contains one article in especial which will attract attention, *i. e.*, How Californians would have treated the New Orleans Prisoners, by William T. Coleman, the chairman of the famous San Francisco Vigilance Committees of 1851, 1856, and 1877. He refers to the recent lynching at New Orleans, and tells what he thinks the people of California would have done under the same circumstances. They would have organized in full force, he says, formed a court, appointed a judge, and selected a jury; called for evidence, analyzed it carefully, put on trial the people who had been discharged by the perjured jury, given the accused good counsel and the benefit of every doubt, and finally would have executed with due deliberation those whom they found guilty.

—SOME PRACTICAL POINTS TO FILE AWAY.—The juice of raw onions applied to the sting of insects will destroy the poison.

Oil of peppermint in water, diluted even to one part in one million, will kill cockroaches in an hour, they dying of convulsions.

A small box filled with lime and placed on a shelf in the pantry or closet will absorb dampness and keep the air in the closet dry and sweet.

Pour a little whisky on a fruit stain before sending to the wash.

Boil your lamp chimney in salt water and keep it from breaking.

For a change use salt instead of sugar for your hot weather lemonade.

Over feeding is the chief cause of cholera infantum and other forms of bowel complaint in young children.

—THE SMALL DOSE IN THE OLD SCHOOL.—“Several years ago, when Sidney Ringer first recommended drop doses of *vinum ipecacuanhæ* for vomiting in pregnancy, etc., many, myself among them, thought this mode of administration savored of Homœopathy, but in many cases I found the treatment successful. During the past few months, Dr. John Aulde, of Philadelphia, has written voluminously on the subject of repeated small doses of various drugs. His writings have had the effect of producing numerous articles on the subject from all quarters of the United States. All, without exception, bore testimony to the efficacy of the medicines administered as suggested by Dr. Aulde. In my own practice I have given this mode of administration a fair trial, and I have no reason to regret having done so, as I have never failed to mitigate or cure the disease. *In this country, where homœopathy has a considerable hold, mainly on account of the smallness of the dose, any mode of treatment which reduces the quantity, and also the taste, to a minimum must tend to root out the illusionary practice.*”

This is from an article in the *Medical Summary*. No, sir, this is not homœopathy; but by reducing the quantity and also the taste to a minimum it must tend to root out the illusionary [homœopathy] practice! The only way she could get rid of him was by marrying him!

—DANGER IN EXERCISE.—Dr. Patton, Chief Surgeon of the National Soldiers' Home, at Dayton, O., in an interview in Pittsburgh the other day, said that of the 5000 soldiers in the Dayton Home “fully 80 per cent. are suffering from heart disease in one form or another, due to the forced physical exertion of the campaigns.” And he made the prediction that as large a percentage of the athletes of to-day will be found, 25 years from now, to be victims of heart disease, resulting from the muscular strains that they force themselves to undergo. As for the likelihood of exercise to prolong life, it may be said that according to the statistics of M. de Solaville there are more people living in France to-day who have passed the age of 60 than there are in England, the home of athletic sports. And there is probably no nation in Europe more adverse to muscular cultivation for its own sake than the French. Great athletes die young, and a mortality list of Oxford rowing men, published a few years ago, showed that a comparatively small percentage of them lived out the allotted lifetime. Dr. Jastro has demonstrated, in some very elaborate statistics, that men of thought live on an average three and a half years longer than men in the ordinary vocations of life.—*Med. and Surg. Reporter.*

—After the usual feast of good speeches and dinner, Dr. Mumaw presented the object of the call for this meeting and the advantages to be gained by the permanent organization of a society in this section of the State. Dr. Turner was then elected temporary president and Dr. Mumaw temporary secretary. The adoption of a name for the Society, the enrollment of charter members, and some other preliminary business, was followed by the election of permanent officers which resulted as follows :

President, C. H. Meyers ; first vice-president, R. N. Morris ; second vice-president, Porter Turner ; secretary, H. A. Mumaw ; treasurer, W. B. Kreider.

A constitution was then formulated and adopted by the association. A committee, consisting of Drs. Fisher, Kreider, and the secretary, was appointed by the chair to prepare by-laws for adoption at next meeting.

A committee, consisting of Drs. Thomas, Borough, and Kreider, was appointed to name the bureaus.

Dr. Bowen read a paper on retained placenta, which elicited a discussion from Drs. Newton, Thomas, Fisher, and Kreider. Very interesting papers were also presented by Drs. E. M. Hale and Howard Crutcher, Chicago, Dr. W. B. Clarke, Indianapolis, and Drs. A. L. Fisher and W. B. Kreider, which were fully discussed.

Next meeting at South Bend on the second Tuesday of May, 1892.

—CIGAR MANUFACTURE AS RELATED TO INSANITY.—A letter of A. E. MacDonald, Superintendent of the New York City Insane Asylums, written in response to a request from the Mayor for information upon the subject of the causes of insanity among certain artisans, having been referred to the President of the Board of Health, the latter has prepared a statement, in the course of which he says : "The question of cigar-making in tenements is so intimately connected with certain commercial and social problems that the statement is hardly credited as an honest one that there are absolutely no trustworthy facts of any kind, other than assertions, to show whether cigar-making in tenements is more injurious to the health of the workman than cigar-making in large shops, or the contrary ; and yet this is the truth. . . . As regards the statistics of insanity furnished by Dr. MacDonald, it is to be noted that the so-called 'contemplative trades,' in which the workmen lead a sedentary life, and are engaged in some mechanical operation which leaves their minds free to muse on other subjects while they are at work, have always furnished a large proportion of cases of insanity. This was noticed among shoemakers and tailors a hundred years ago, and with the immense recent growth of cigar manufacture the cigar-makers may fairly be classed with those trades, it being far more probable that the monotony of these occupations brings about insanity than the sleeping, cooking, and working in the same room which many an artist or literary worker also does. . . . I feel justified in saying that all the information now before the Board leads us to believe that there is nothing in the business of cigar-making which renders it especially objectionable in tenement houses. Personally I am inclined to the opinion that if any trade should be excluded from the tenement houses it is that of tailoring, owing to the greater liability of textile fabrics to carry contagion than exists in the case of any other articles of manufacture."—*Boston Medical and Surgical Journal*.

OH-DON'T-OLLOGY.

DON'T forget that he who sits with his back to a draft, sits with his face to a coffin.

DON'T spoil a possible first-rate homœopath by making him a fourth-rate allopath. It is harder to forget than to learn.

DON'T despair of the crop of Professors. Age cannot wither, drouth cannot blight, nor (college) storms stale their infinite variety. "The woods is full of 'em" waiting to be exalted.

DON'T fail to see the next issue of the AMERICAN HOMŒOPATHIST. Beginning its 18th year it will appear twice each month, will introduce many new features, and among them a portrait gallery of the prominent practitioners of our school in America and Europe.

DON'T fail to embody in your College Announcement that the Y. M. C. A. will warmly welcome your students. This is a special concession to your college. Also that your graduates may apply for positions in various public institutions. There is no harm in applying.

DON'T send your student to a homœopathic college to learn surgery as a prime object. The old school is filled with brilliant operators. A homœopathic college is presumed to teach HOMŒOPATHY and Surgery, etc.; NOT Surgery, Gynecology, Pathology and a few unavoidable perfunctory lectures on dilute allopathy.

DON'T be unduly startled at the "boiler-plate" paragraph in the average college announcement that all applicants must present a degree in letters or science, etc., etc., a month or more after matriculation. It is "good form" to put this in. Tell "Bub" to put on his store-clothes, grease his boots and hair and come along.

DON'T play fast and loose with the colleges, members of the Inter-collegiate Committee. If you have power to bind them in the performance of certain duties, you have, *per contra*, undoubted right to discipline them in the infraction of such duties. Sauce for the goose, etc. Be men and do your duty when this question comes up before you in future.

DON'T wait too long, but when you find yourself in danger of back-sliding into allopathy, taking old-school literature, cutting out the prescriptions and pasting them in your pocket-book, just sit down softly, and recall how many cures you made with homœopathy in the beginning of your practice before you grew lazy and indifferent. Study homœopathy now as you did then, and you will have no need for allopathy.

DON'T refuse to fellowship a new homœopathic college, gentlemen of the Institute, when it comes to you as a homœopathic college; but one which defiantly flouts its New York *Medical Times* liberalism and homœopathy (?) in your teeth, boasts loudly of its use of the U. S. Dispensatory and Ringer's *Materia Medica* as text-books, which avows itself unsectarian—and yet appeals to the *homœopathic* profession for support—is not a fit guest to sit at your table.

REPERTORY OF THE LUNG SYMPTOMS FOUND IN HERING'S
CONDENSED MATERIA MEDICA.

By EDWARD R. SNADER, M.D.,

Lecturer on Physical Diagnosis at Hahnemann Medical College, Philadelphia, Pa.

(Concluded from page 404.)

After hæmorrhages—Cinchona.
After mechanical injuries—Arnica, Colchicum, Ruta grav.
From anger, from suppressed hæmorrhoidal flow, from debauching—
Nux vom.
From bathing in the sea—Magnesia mur.
From over-exertion, or blowing wind instruments—Rhus tox.
From checked sweat—Gelsemium.
From drinking cold water—Thuya.

CEDEMA.—Cinchona (of legs).
INFLUENZA.—Camphora.
STRICTURE OF ŒSOPHAGUS.—Kali carb.
HYSTERIA.—Viola odorata.
RHEUMATISM.—Sedum, Rumex.
ONE SIDE AS IF PARALYZED—Kali jode.
URINE SUPPRESSED—Kali jode.

SPECIAL LOCALIZATIONS AND PATHOLOGICAL INDICATIONS.

Acts on lower part of right lung—Kali carb., Mercurius.
Upper part of chest most affected—Fluoric acid.
Left side of chest most affected—Clematis.
Congestion to chest, alternately with head—Glonoinum.
Affections beginning in the bronchi and ascending to larynx—Bromium.
Influenza during stage of invasion—Camphora.
Pneumonia in the beginning when the disease localizes itself—Kali jode.
In pneumonia in the latter part of the period of deposit and the early
part of that of absorption—Phosphorus.
ANXIETY.—Nitric acid, Nitrum, Phosphorus.
—— great—Nitrum.
DEPRESSED MIND.—Camphora.
CEREBRAL CONGESTION.—Hyoscyamus, Kali jode.
DELIRIUM.—Lachnantes.
SOPOR.—Hyoscyamus.
HECTIC.—Carbo ani.
EMACIATION.—Carbo ani., Hydrastis.
DEBILITY.—Cinchona.
PROSTRATION.—Phosphorus.
SWEATS.—Phosphorus, Veratrum alb.
—— viscid—Phosphorus.
—— sticky about head—Veratrum alb.
NIGHT SWEATS.—Dulcamara, Kali jode.
—— Offensive smelling—Dulcamara.
—— exhausting—Kali jode.
TYPHOID SYMPTOMS.—Carbo ani., Lachnantes, Lycopodium, Rhus tox.
TYPHUS.—Nitric acid.
BILIOUS SYMPTOMS.—Cinchona, Mercurius.
LOSS OF APPETITE.—Hydrastis.
NAUSEA.—Ipecacuanha.

DIARRHEA.—Dulcamara—Kali jode.

—— loose stools—Kali jode.

HEPATIC INFLAMMATION.—Kali carb.

AMENIA.—Caulophyllum.

LIVER SWOLLEN.—Lachesis.

CEDEMA OF THE LUNGS.—Antimonium gart., Ipecacuanha, Kali jode, Phosphorus, Silica, Veratrum alb.

—— with pneumonia, or secondary to Morbus Brightii—Kali jode.

EMPHYSEMA.—Digitalis, Veratrum alb.

—— complicated with heart disease—Digitalis.

HYDROTHORAX.—Apis, Dulcamara, Fluoric acid, Lycopodium, Psorinum, Spigelia.

PNEUMOTHORAX.—Arnica (for external injuries).

SPASM OF THE CHEST.—Laurocerasus, Phosphoric acid.

—— and diaphragm—Phosphoric acid.

SPASM OF THE CHEST AND DIAPHRAGM.—Phosphoric acid.

SPASM OF THE LUNGS.—Thuja (from drinking cold water).

THREATENED PARALYSIS OF THE LUNGS.—Nitric acid, Phosphorus.

IMPENDING PARALYSIS OF THE LUNGS.—Laurocerasus.

PARALYSIS OF THE LUNGS.—Lycopodium.

PAINS.—Caulophyllum, Digitalis, Dulcamara, Lachnantes, Mercurius, Mezereum, Nitric acid, Nitrum, Phosphorus, Rumex, Sanguinaria, Squilla, Sulphur, Zingiber.

—— spasmodic, intermittent, with amenia—Caulophyllum.

—— peculiar, seemingly rheumatic—Digitalis.

—— stitches here and there in the chest—Dulcamara.

—— severe—Lachnantes.

—— stitches through to back ; through from right scapula—Mercurius.

—— piercing, under left shoulder-blade—Mezereum.

—— suddenly abate in pneumonia—Nitric acid.

—— sore—Phosphorus.

—— in left chest—Rumex.

—— stitches—Sanguinaria can., Squilla.

—— from over-lifting or after inflammation of the lungs—Sulphur.

OPPRESSION.—Mezereum, Opium, Viola odorata.

PALPITATION.—Cactus, Kali carb., Lachesis, Nitric acid.

—— violent—Kali carb.

—— with constriction of chest—Cactus.

—— with anxiety and heat—Nitric acid.

HEART DISEASE.—Digitalis.

WEAKENED HEART.—Digitalis.

DILATED HEART.—Digitalis, Phosphorus.

FATTY DEGENERATION.—Phosphorus.

EXTRA THORACIC STOLLES, DISEASES, AND CONDITIONS.

INEXPRESSIBLE AGONY.—Natrium sulp.

SUPPURATION OF LUNGS.—Calcarea carb., Carbo ani., Cinchona, Ledum, Mercury, Plumbum, Pulsatilla, Silica.

—— subsequent to hemoptysis.—Cinchona.

—— after hemorrhage or after pneumonia.—Mercurius.

ABSCESSES FORMING IN LUNGS.—Calcarea carb.

GANGRENE OF LUNGS.—Arsenicum, Cinchona, Plumbum.

—— green, ichorous sputum—Arsenicum.

—— incipient—Cinchona.

—— circumscribed—Plumbum.

HEPATIZATION.—Kali carb., Kali jode., Lachesis, Phosphorus.

—— so extensive as to cause cerebral congestion—Kali jode.

—— mostly left lung—Lachesis.

—— continued, with purulent sputum, typhoid—Lycopodium.

—— lower half of right lung—Phosphorus.

EXUDATION.—Cantharis, Digitalis, Sulphur.

—— serous—Digitalis, Kali jode.

—— after pneumonia—Sulphur.

—— rattling in chest—Hyoscyamus.

—— fine, rattling noises—Ipecacuanha.

—— much rattling both sides.—Kali carb.

—— rattling in chest, which seems full of mucus—Lycopodium.

—— rattling breathing—Nitric acid.

—— rattling in the windpipe—Phosphorus.

—— constant rattling of mucus, but cannot expectorate—Veratrum alb.

HEMOPTYSIS.—Cinchona, Colchicum, Hyoscyamus, Ledum, Mezereum, Nux. vom., Rhus tox., Stannum.

—— after injuries—Colchicum.

—— bright red, with spasms—Hyoscyamus.

—— alternating with rheumatism—Ledum.

—— from anger—Nux vom.

—— from over-exertion or blowing wind instruments—Rhus tox.

HEMORRHAGE—Arnica, Cinchona, Iodium, Sulphuric acid.

—— after mechanical injuries—Arnica.

—— after—Cinchona.

—— tendency to—Iodium.

—— profuse—Sulphuric acid.

ULCERATION OF LUNGS.—Sulphuric acid.

—— alternating with congestion to head—Glonoinum.

—— with hemoptysis—Ledum.

—— from bathing in the sea—Magnesia mur.

—— with anxiety, heat, and palpitation—Nitric acid.

—— with heat and burning—Nux vom.

—— and heart—Pulsatilla.

—— from least movement—Spongia.

PULMONARY CONGESTION.—Iodium (tendency to).

PASSIVE CONGESTION OF LUNGS.—Digitalis (due to weakened or dilated heart).

CONGESTION TO CHEST AND HEART.—Pulsatilla.

COUGH.—Dulcamara, Hyoscyamus, Ipecacuanha, Kali carb., Lachnantes, Nitric acid, Nitrum, Sanguinaria can., Stannum.

—— moderate—Dulcamara.

—— dry, fatiguing—Hyoscyamus.

—— dry, worse 3 A. M.—Kali carb.

—— loose—Nitric acid.

—— tearing, with restlessness—Rhus tox.

—— belching after—Sanguinaria can.

RALES.—Carbo veg., Dulcamara, Hyoscyamus, Ipecacuanha, Kali carb., Lycopodium, Phosphorus, Veratrum alb.

—— hoarse, mucus—Carbo veg.

—— mucus on chest—Dulcamara.

—— lingering—Carbo ani.

—— rheumatic—Dulcamara.

—— of drunkards—Laurocerasus.

- later stages—Phosphorus.
- great paralytic debility—Sabadilla.
- after blood-letting—Squilla.
- ADHESIONS OF THE LUNGS.**—Ranunculus bulb.
- EMPYEMA.**—Silica.
- PHTHISIS.**—Cinchona, Hydrastis, Ruta grav., Kali carb.
- after mechanical injuries of chest—Ruta grav.
- PHTHISIS PULMONALIS.**—Mezereum, Psorinum.
- PHTHISIS MUCOSA.**—Dulcamara, Stannum.
- PHTHISIS PITUOSA.**—Kali jode.
- PHTHISIS FLORIDA.**—Pulsatilla, Theridion.
- in the beginning—Theridion
- TUBERCULOSIS.**—Dulcamara, Spongia, Sulphuric acid.
- in scrofulous subjects—Dulcamara.
- beginning in the apex of left lung—Spongia.
- CONGESTION OF THE CHEST.**—Cactus, Camphora, Glonoinum, Ledum, Magnesia mur., Mercurius, Nitric acid, Nux vom., Phosphorus, Pulsatilla, Silica, Spongia, Squilla, Sulphur.
- inexpressible agony ; slowly coagulating blood—Natrum sulp.
- pain suddenly abates, yet pulse becomes smaller and quicker—Nitric acid.
- dyspnœa to suffocation—Nitrum.
- well-developed co-existing bronchitis ; hepatization, especially of lower half of right lung ; and latter part of the period of deposit and early part of the absorption—Phosphorus.
- cheesy—Plumbum.
- typhoid ; often from absorption of pus—Rhus tox.
- after bloodletting—Squilla.
- INFLAMMATION OF LUNGS.**—Silica.
- SYCOTIC PNEUMONIA.**—Natrum sulp.
- PERI-PNEUMONIC SYMPTOMS.**—Stramonium (after recovery from meningitis).
- PLEURO-PNEUMONIA.**—Dulcamara.
- PLEURISY.**—Aconite, Apis, Arnica, Cantharis, Carbo ani., Dulcamara, Kali carb., Laurocerasus, Phosphorus, Sabadilla, Squilla.
- after—Apis.
- after mechanical injuries—Arnica.
- BRONCHO-PNEUMONIA.**—Antimonium gart.
- PNEUMONIA.**—Benzoic acid, Bromium, Carbo ani., Cinchona, Hyoscyamus, Gelsemium, Ipecacuanha, Kali carb., Kali jode, Lachesis, Lachnantes, Lycopodium, Mercurius, Natrum sulph., Nitric acid, Nitrum, Phosphorus, Plumbum, Rhus tox., Sanguinaria can., Squilla.
- asthenic forms—Benzoic acid.
- right lung most affected ; lower lobes hepatized—Bromium.
- right lung, suppuration beginning, green sputum—Carbo ani.
- cerebral symptoms—Cinchona.
- infantile—Ipecacuanha.
- congestive—Gelsemium.
- sycotic—Natrum sulp.
- typhoid—Lachnantes, Rhus tox., with hepatic inflammation.
- right lung hepatized—Kali carb.
- in the beginning when the disease localizes itself ; with œdema, or secondary to Morbus Brightii—Kali jode.
- neglected, with continued hepatization—Lycopodium.

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